

**GCE** 

## **Health and Social Care**

Advanced GCE A2 H503/H703

Advanced Subsidiary GCE AS H103/H303

### **Mark Schemes for the Units**

January 2010

H103/H303/MS/R/10J

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# F910 Promoting quality care

Qu	estion	Expected Answer	Mark   1	
1	(a)	<ul> <li>One mark for correct identification</li> <li>One mark for correct example</li> <li>type – disability and/or direct</li> <li>example – not being allowed choices/decisions. Being told he is incapable/stupid</li> </ul>	1x1 1x1	[2]
1	(b)	One mark for each identification, THREE required  upset/sad/unhappy angry frustrated withdrawn annoyed humiliated embarrassed low self-esteem/self worth low self confidence depressed disempowered  Plus any other suitable effect	3x1	[3]
1	(c) (i)	<ul> <li>One mark for each correct identification, THREE required</li> <li>Race Relations Act</li> <li>Disability Discrimination Act</li> <li>Sex Discrimination Act</li> <li>Human Rights Act</li> <li>Mental Health Act</li> <li>Children Act</li> </ul>	3x1	[3]

Question	Expected Answer	Mark	Total
1 (c) (i i)	One mark for each identification. One mark for each explanation.  THREE required  cost – training staff and providing the resources needed attitudes – people may not agree or want to abide by the laws time – difficult to get all staff trained with other constraints knowledge – practitioners may not be aware of the legislation and therefore not follow it training – time involved/the resources needed staff – having appropriate, trained people in place	3x1 3x1	[6]
1 (d)	One mark for each care value, THREE required One mark for each example, THREE required  Care Values  Promoting the equality and diversity of pwus Promoting individual rights and beliefs Maintaining confidentiality  Three examples from: meeting mobility/individual needs maintaining privacy giving choice to clients, eg diet, dress, activities non-discriminatory language celebrate culture/religion  Confidentiality keep files safe/passwords/locked cabinets need to know basis/client information to be kept confidential  Plus any other appropriate examples	3x1 3x1	[6]

Qι	estion	Expected Answer		Mark	Total
2	(a)	<ul><li>not being offered jo</li><li>people not giving the</li><li>financial manipulation</li></ul>	nem choices ion n too – made to feel they are stupid in the media	3x1	[3]
2	(b)		rriers, THREE required ample, THREE required  Examples  Not know they are ill/fear. May have dementia. Stigma of not wanting to go because of treatment. Fear of going into a home. Discrimination.	3x1 3x1	[6]
		Financial	Poverty due to low pensions/no longer working		
		Communication/ Language	May have problems as they feel nervous or have lost speech. Hearing/sight problems.		
		Location/ Geographical	Postcode lottery, poor services. Hard to access them. Services might be long distance away		
		Physical	Poorer mobility. May no longer drive.		
		Cultural	Older people seen as worthless.		

Question	Expected Answer	Mark	Total
Question 2 (c)	Level 3 [5-6 marks] There will be a detailed explanation of at least two ways service providers could facilitate access to their services, these will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.  Level 2 [3-4 marks] They will include a description of at least two ways service providers could facilitate access to their services. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling.  Sub max 3 marks for one way done well.  Level 1 [0-2 marks] There may be evidence of one or two ways service providers could facilitate access. Answers are likely to be muddled and lack technical detail. List like answers should be placed within this band. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	Mark	[6]
	<ul> <li>adaptation of premises and facilities to improve access for older people</li> <li>provide transport/volunteer drivers because of financial/ rural location reasons</li> <li>campaigns to raise awareness and change attitudes</li> <li>promotion of self-advocacy to give individuals a 'voice'</li> <li>funding – identifying additional sources eg made aware of benefits</li> <li>joint planning and funding between services to increase efficiency/ensure better coverage</li> <li>leaflets/information in a variety of formats so that it's accessible by all eg large print</li> <li>outreach services available, eg home visits</li> <li>reducing/subsidising costs</li> <li>counselling eg preparing people to move to residential homes</li> <li>provide advocates</li> <li>training staff in care for older people</li> </ul>		

Que	estion	Expected Answer	Mark	Total
3	(a)	<ul> <li>One mark for each, FIVE required (not in any particular order)</li> <li>policy statement</li> <li>implementation plan</li> <li>section on how the policy will be monitored</li> <li>evaluation of the policy</li> <li>targets to improve further performance</li> </ul>	5x1	[5]
3	(b)	<ul> <li>One mark for each description, THREE required</li> <li>collection of statistical data to monitor changes</li> <li>feedback from pwus and care workers on how effective the policy is – using methods such as a questionnaire/comments box</li> <li>staff training to get feedback and share concerns/ideas</li> <li>inspection to see how it is working/look for problems/strengths, staff observation, routine checks</li> <li>staff observation schemes to see how staff are using the policy/see if it is working</li> <li>peer observation schemes see how staff are using the policy/see if it is working</li> <li>meetings to discuss concerns/raise issues</li> <li>appraisal to review and target performance</li> <li>appoint staff / have a forum to review progress and responsibilities</li> </ul>	3x1	[3]
3	(c)	Level 3 [6-7 marks] There will be a detailed explanation of at least two ways organisations can ensure that its staff selection procedures promote equal opportunities. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.  Level 2 [4-5 marks] They will include a description of at least two ways organisations can ensure staff selection procedures promote equal opportunities. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. Sub max of 4 if one way done well or three or four done in a basic manner.  Level 1 [0-3 marks] There may be evidence/a brief description of one or two ways organisations can ensure staff selection procedures promote equal opportunities. List like answers should be placed in this band. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.		[7]

Questi	ion	Expected Answer	Mark	Total
3 (c)	) cont'd	<ul> <li>non-discriminatory questions</li> <li>same questions to all</li> <li>no personal questions</li> <li>mixed panel</li> <li>accessible time and place</li> <li>analyse monitoring forms</li> <li>select candidate on merit</li> <li>advertise in a wide range of areas/publications</li> <li>use an eop logo</li> <li>non-discriminatory language in the advert</li> <li>a range of formats available</li> <li>welcomes applications from a wide range of people.</li> <li>follow recommendations from policies/CoP</li> <li>consult relevant commissions/legislation</li> </ul>		

Qu	estion	Expected Answer	Mark	Total
4	(a)	Level 3 Response: [6-7 marks]  There will be a detailed explanation of at least two ways the primary socialisation process within the family could influence a child's attitudes towards gender stereotypes. Answers will be developed logically and use technical language. Answers will be factually accurate and there will be few errors of grammar, punctuation and spelling		[7]
		Level 2 Response: [4-5 marks]  There will be a description of at least two ways the primary socialisation process within the family could influence a child's attitudes towards gender stereotypes. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling.  Sub max 4 if one done well.		
		Level 1 Response: [0-3 marks] There may be evidence of at least one way the primary socialisation process within the family could influence a child's attitude towards gender stereotypes. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive. List like answers should be placed within this level.		
		<ul> <li>listening to how parents/family members talk about men and women – imitate these viewpoints</li> <li>copying family behaviour/ comments/language</li> <li>children learn most of their attitudes/norms and values during these formative years – can set up their views for life</li> <li>being given stereotypical toys/clothes/decorated room, books</li> <li>activities they are channelled in to, eg leisure, sport, TV choice</li> <li>chores/jobs around the home they are given</li> <li>may be very positive and parents do not gender stereotype</li> <li>the type of family structure you grow up in, eg lone parent family</li> <li>role models in terms of paid employment that the parents do</li> <li>observation of the division of labour</li> </ul>		

Qu	estion	Expected Answer	Mark	Total
4	(b)	Level 3 response: [7-8 marks] Candidates can give a detailed analysis of at least two ways staff in an early-years setting could help reduce gender stereotyping. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.  Level 2 response: [4-6 marks] Candidates can explain at least two ways staff in an early-years		[8]
		setting could help reduce gender stereotyping. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling.  Sub max of 4 for only one way done well.		
		Level 1 response: [0-3 marks] Candidates will give a basic description of one or two ways staff in an early- years setting could help reduce gender stereotyping. Answers are likely to be muddled and lack technical detail. List like answers should be placed within this band. Errors of grammar, punctuation and spelling may be noticeable and intrusive.		
		<ul> <li>training for staff because they will know how to treat and enhance opportunities for boys and girls</li> <li>knowledge of policies and laws because this gives them greater understanding and an ability to do their job correctly</li> <li>ensure all activities/games/sports are promoted for boys and girls</li> <li>staff as role models – try to employ male carers as well</li> <li>ensure they use positive/non-discriminatory language and set good examples because children are vulnerable and learn from</li> </ul>		
		<ul> <li>teachers as their role models</li> <li>ensure resources reflect both genders and do not stereotype in books, posters, displays etc</li> <li>encourage children to play with all toys/activities</li> <li>encourage boys and girls to play together / or mix them up</li> <li>address via the curriculum ie teach them about it</li> <li>challenge negative ideas or remarks made by children</li> <li>allocation of tasks should not be gender-specific, eg asking only boys to move a table</li> </ul>		

Qu	estion	Expected Answer		Mark	Total
5	(a)		rrier, THREE required propriate example, THREE required	3x1 3x1	[6]
		Barriers	Examples		
		Psychological	Not know they are ill/fear, not wanting to go because of treatment, stigma of illness, not having courage/confidence to ask for help, embarrassed		
		Financial	May be unemployed/can't afford transport		
		Cultural	Values about illness, Discrimination		
		Communication/ Language	May have problems as they feel nervous or have low ability/side effects of drugs can affect speech		
		Location/ Geographical	Postcode lottery, poor services, services along way away		
		Physical	Side effects of drugs/condition on ability to work/drive		
		Accept any other suita	able example.		

Qu	estion	Expected Answer	Mark	Total
5	(b)	Level 3 [8-9 marks] There will be a detailed analysis of at least two benefits of the MHA. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.		[9]
		Level 2 [5-7 marks] They will include a description of at least two benefits of the act (or legislation generally). Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. Sub max 5 for one benefit done well.		
		Level 1 [0-4 marks] There may be evidence of one or two benefits of the MHA (or legislation generally). Answers are likely to be list-like and muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.		
		<ul> <li>protects people who lose ability to make their own decisions</li> <li>prevents people from harming themselves or others/keeps them safe and secure</li> <li>tight procedures to ensure people are safeguarded when admitted</li> </ul>		
		<ul> <li>provides a legal framework for practitioners to work within</li> <li>puts time limits on assessments</li> <li>accountability of those who make decisions – checks made by</li> </ul>		
		<ul> <li>independent bodies</li> <li>treatment cannot be forced upon an individual unless their illness is severe and another specialist agrees</li> </ul>		
		<ul><li>clear appeals procedures/redress</li><li>gives people a voice / listens to their views</li><li>gives people rights</li></ul>		
		<ul> <li>raises awareness for rights of people with MHN</li> <li>improve services for people with MHN (accept examples of this eg aftercare programmes)</li> </ul>		
		advocates/nominated person		

Qu	estion	Expected Answer	Mark	Total
6	(a)	Level 3 [7-8 marks] There will be a detailed analysis of at least two benefits of policies to both pwus and practitioners. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling. A conclusion will be given.  Level 2 [4-6 marks]		[8]
		They will include a description of at least one benefit of the policies to <b>both</b> pwus and practitioners. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. Sub max of 4 if only one group is described.		
		Level 1 [0-3 marks] There may be evidence of one or two benefits of the policy to pwus and/or practitioners. May only focus on one group. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.		
		People who use services:  • helps to prevent discrimination  • ensures that they are treated fairly/with equality (not equally or the same)  • promotes opportunity/quality care  • develops self-esteem/self-worth/self-confidence/feels respected  • helps them feel safe and secure  • system of redress/know how to complain  • pwus know what to expect  • gives them rights		
		Practitioners:  • helps them do their job effectively • guides them about good practice/legal requirements • helps to protect them from accusations/or discrimination • helps them promote quality care • develops self-esteem/self-worth/self-confidence/feels respected • helps them feel safe and secure • ensures that they are all working to the same high standards/same goals • system of redress/know how to complain • gives them rights • gives organisation better reputation		

	Expected Answer	Mark	Total
6 (b)	Level 3 [10-12 marks] There will be an evaluation of a minimum of two ways an organisation could support staff. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling. A conclusion will be given for full marks.  Level 2 [6-9 marks] They will be a detailed description of ways an organisation could support staff. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling.  Sub-max 6 for one way done well.  Sub-max 7 for a good description of ways with no evaluation.  Level 1 [0-5 marks] There may be evidence of one or two ways an organisation could support staff. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.  • training • using policies and codes of practice • update staff regularly • meetings • abide by recent legislation • feedback from pwus and staff • care values to be implemented • well qualified staff • good management structure • staff appraisal system • mentoring • provide appropriate resources and equipment • good handover procedures • monitor staff performance  Evaluation • issues around cost • training needs – hard to find the time/space to do it • getting people to take on board the views/procedures – may face some hostility • having appropriately qualified people to deliver the training • having appropriately upulalified people to deliver the training • having appropriately upulalified people to deliver the training	Mark	Total [12]

## F913 Health and safety in care settings

Question	Expected Answer	Mark
1 (a)	One mark for each identification of sign	[1]
	One mark for	[1]
	A – High voltage/danger of electrocution/risk of electric shock	[,]
	warns people not to approach closely/to avoid area/that only authorised personnel should enter	[1]
	B – Radiation/Radioactive	[1]
	warns of risks of cancer/avoid area if pregnant/wear protective clothing if working in area/ensure dose received is monitored if working in area	[1]
	C – Toxic/Poisonous	[1]
	warns that drinking or consuming contents should be avoided /informs that help may be required if accidental consumption has occurred/warns to store securely away from children or other	[1]
	vulnerable people who do not understand danger. <b>Do not accept</b> don't touch.	[1]
	<ul> <li>D – Biohazard/Biological agent - do not accept biochemical warns that contents may be contaminated by biological material that may be infectious/cause illness. Accept reference to faeces, urine, blood or other bodily fluids as long as microbial infection is suggested, accept wearing of mask/gloves if they imply transfer of infection in an appropriate way.</li> </ul>	
(b) (i)	One mark for	[4]
	Control of Substances Hazardous to Health	[1]
	Accept COSHH provided all letters are present and in correct order	

Question	Expected Answer	Mark
b (ii)	One mark for each substances Reason associated with each (1 mark each)	[1]
	<ul> <li>bleach/bleaching agent – stored in labelled/original container in locked cupboard (must have both for second mark)</li> </ul>	
	<ul> <li>caustic agents (cleaning agents including trade-name products) – stored in locked cupboard in original container or in labelled container</li> </ul>	
	flammable substances – stored in fire-proof/fire-resistant cupboard (away from possible heat or spark sources)	
	oxidising agents – stored away from flammable materials	
	<ul> <li>poisons/Toxic materials – locked away/kept securely with limited access</li> </ul>	
	glue - that it should be locked away	
	DO NOT ACCEPT disinfectant, acid, drugs, paint, medicines or any other vague term	
	<ul> <li>If a specific drug is named eg morphine the answer should be credited, as should a correct storage method. Do not give credit for more than two named drugs. No answers related to biological materials.</li> </ul>	[6]

Question	Expected Answer	Mark
2 (a)	One mark for each correctly identified, THREE required	
	first aid box must be available	
	<ul> <li>sign/information about location of first aid box</li> </ul>	
	location/name of first aider if there is one	
	(location) of/accident book is made available	
	<ul> <li>person/appointed person to take control in emergency situation</li> </ul>	
	person appointed person to take control in emergency disdation	
	DO NOT ACCEPT location of First Aid Room/Medical room unless	
	candidate specifies that it is in a place where particular hazards are to	<b>701</b>
	be found	[3]
(b)	One mark per piece of information, THREE required	
(6)	One mark for reason, THREE required	
	The mant of foacett, Trink22 requires	
	Information	
	date & time of accident	
	details of person injured	
	place where accident occurred	
	people involved	
	details of what was observed	
	when help was called and what type/hospitalisation	
	when help arrived	
	names and contact details of witnesses	
	condition of casualty after accident/details of injury      details of any first aid treatment given and by when	
	details of any first aid treatment given and by whom	
	Reason	
	(each of these may relate to a number of different pieces of information)	
	it is a legal requirement	
	may be needed in the case of a claim being made	
	informs later treatment of casualty in case of delayed reaction	
	can be used to spot patterns in accidents (places, people, times,	
	activities) so informs risk assessment	
	to alter working practises, improve working conditions, to try and	
	<ul><li>prevent same thing happening again</li><li>to inform relatives/HSE</li></ul>	
	to inform relatives/hsc     to track long term medical effects	
	to track long term medical effects	
	The reason must be different for each piece of information for the	
	second mark to be awarded.	[6]
(c) (i)	Reporting of Injuries, Diseases and Dangerous Occurrences	
(c) (i)	Regulations correct words in right order/NOT RIDDOR	[1]
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,

Question	Expected Answer	Mark
c (ii)	Level 3 response: 5 marks  Candidates demonstrate a clear understanding of at least two key features of RIDDOR. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.	
	Level 2 response: 3-4 marks Candidates show some understanding of at least two key features of RIDDOR. Answers will show some evidence of application of I There may be noticeable errors of grammar punctuation and spelling. Sub-max of 3 for one feature covered well.	
	Level 1 response: 0-2 marks Candidates show very limited understanding of the key features of RIDDOR. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling may be noticeable and intrusive. List-like answers should be placed in this level.	
	<ul> <li>intended to safeguard employees from dangerous situations at work</li> <li>provides useful information to prevent future similar accidents</li> <li>shows trends across time – may lead to research, enforcement proceedings or future legislation</li> <li>notifiable occurrences will lead to investigation by HSE to ascertain blame/ensure improvement/offer advice</li> <li>gives a level of protection to employees from dangerous working conditions</li> </ul>	
	<ul> <li>discrimination between different levels of incidents brings most serious incidents to notice most quickly/says what must be reported</li> </ul>	
	Most candidates may use accidents/occurrences etc indiscriminately. This should not be penalised. No marks are to be awarded for a knowledge of what are notifiable incidents.	
		[5]

Question	Expected Answer	Mark
Question 3 (a)	Level 3 response: 11-15 marks Candidates make detailed and well argued judgements showing clear links between identified hazards, the service users and/or care workers that are at risk, and indicate sound consideration of precautions that are already in place. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.  Level 2 response: 6-10 marks Candidates identify hazards and make sound links between the service users (and possibly care workers) and the risks. They will show some consideration of precautions already in place. Answers will show some evidence of application of knowledge. There may be noticeable errors of grammar punctuation and spelling.  Level 1 response: 0-5 marks Candidates identify hazards but make few links between the service users and the specific risks. The work may consist of a simple list of hazards with little awareness shown of the precautions already in place. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling may be noticeable and intrusive.  • fire extinguisher – only one – may not be enough – everyone at risk if fire at other end of building – may not be in best place – should be one in kitchen – perhaps should be more than one  • first aid box in storage cupboard – not easily accessible/hard to find – door should be locked – time wasted in case of emergency – all can be harmed – put in more accessible place – have more than one  • many doors/exits – young children at risk of wandering – are there safety/high fasteners on all doors so children cannot open them alone – if not, get them  • door/gate to grassed area – same problem as above – greater security required as presumably accessible to outside  • toy shed – children may access/hurt themselves/get locked in – security/high fastener – not to be left open  • water play area not easily observed from main section – children at risk of slipping/swallowing water – rearrange activiti	Mark
	If candidates make other sensible suggestions eg about toilets and hygiene or security issues, allow well-reasoned arguments.  Rationale: All three stages must be represented to reach level 3.	[15]

Question	Expected Answer	Mark
3 (b)	Level 3 response: 5 marks  Candidates demonstrate a clear analysis of the importance to the care	
	workers within the setting of documenting the findings. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.	
	Level 2 response: 3-4 marks Candidates give an explanation of the value to care workers of documenting the findings of the risk assessment. Answers will show some evidence of application of knowledge. There may be noticeable errors of grammar punctuation and spelling.	
	Level 1 response: 0-2 marks Candidates show very limited understanding of the value to care workers of documenting the findings. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling may be noticeable and intrusive.	
	Provides a source of reference to staff <ul><li>for answering uncertainties</li><li>for training of new staff</li></ul>	
	Provides evidence of what has already been done <ul> <li>useful for evidence after accident/could be used in legal proceedings</li> <li>starting point for review process</li> </ul>	
	Gives staff confidence that risk has been minimised  • likely to feel safer/more secure in their job – increased job satisfaction	
	Ensure can be compared to best practice/current guidelines.	[6]
		[5]

Question	Expected Answer	Mark
4 (a)	One mark for each type of fire extinguisher, THREE required One mark for circumstances in which it would be used, THREE required	
	Carbon dioxide (BLACK) – used in most general areas. Will put out flammable liquids, paper, wood etc	
	water (RED) – put out paper fires but little else - NOT electrical	
	Foam (CREAM) – used for electrical fires + flammable liquids + oil and fat	
	Dry powder (BLUE) – used for flammable, volatile liquids (eg alcohols, petrol) + electrical	
	Vapourising liquids (GREEN) – used for flammable liquids + electrical	
	It is not necessary to give the colour of the extinguisher. If the type of extinguisher is correct but the colour is incorrect, <b>ignore the colour</b> . If ONLY the colour is given allow the marks only if the colour is correctly matched to the usage.	
	<b>ACCEPT</b> Fire blanket and description of smothering a person on fire, or covering an oil fire in a kitchen.	
	Do NOT accept fire bucket.	
	Accept fire hose, fire reel or sprinklers as an alternative to a water extinguisher.	[6]
(b)	One mark for appropriate equipment/action, THREE required One mark for explanation, THREE required	
	<ul> <li>smoke/fire alarm – give early warning of smouldering before fire start</li> <li>flammable liquids stored appropriately – reduces risk of spontaneous outbreak</li> </ul>	
	<ul> <li>no storage in corridors, stairwells etc of flammable materials – reduces fire risk in communal areas</li> </ul>	
	<ul> <li>sprinkler system – will put out fires early – stop spread</li> <li>door/window closures – slows spread, reduces oxygen available to fire</li> </ul>	
	<ul> <li>fire doors – slows spread</li> <li>fire blankets – use to put out (small) fires before can spread/ description of smothering a person on fire, or covering an oil fire in a kitchen</li> </ul>	
	<ul> <li>training – so staff can extinguish fires/know what to do in event of fire</li> <li>soft furnishings fire resistant – stops spread</li> <li>risk assessment – awareness and reduction of risk</li> </ul>	[6]

Question	Expected Answer	Mark
(c)	Level 3 response: 7 – 8 marks Candidates can give a detailed explanation of at least two procedures that should be followed during an evacuation. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.  Level 2 response: 4 - 6 marks Candidates can give a basic explanation of at least two procedures to be followed during an evacuation. Answers will show some evidence of application of knowledge. There may be noticeable errors of grammar punctuation and spelling.  Sub-max of 4 for one procedure done well.	Mark
	Level 1 response: 0 – 3 marks Candidates may simply list what might happen during a fire evacuation with no reasons given. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling may be noticeable and intrusive.	
	<ul> <li>raise the alarm – alert others, allow people to escape</li> <li>close windows and doors – removes oxygen from fire and reduces spread</li> <li>move (swiftly) to the nearest fire exit/evacuate the building – reduce risk of becoming injured or trapped</li> <li>do not stop to collect belongings – ensure not trapped or overcome by smoke</li> <li>walk don't run – reduce risk of accidents or falls</li> <li>gather in the designated area – place is safe and away from building and everyone knows where to go</li> </ul>	
	<ul> <li>take a register to ensure everyone is out – in case need to look for/rescue anyone</li> <li>not return until given clearance – smouldering fires may re-ignite for some time</li> <li>do not use lifts – may become unsafe/electrical supply may fail/lift</li> </ul>	
	<ul> <li>shafts act like chimneys</li> <li>appointed person to call 999/fire brigade – to get help as soon as possible</li> <li>a fire Marshall to check evacuation procedures – to ensure everyone is out/no-one trapped</li> <li>assisting people with difficulties – to prevent people being trapped</li> </ul>	[8]

Question	Expected Answer	Mark
Question 5 (a)	Level 3 response: 6 - 7 marks Candidates can give a detailed description of at least two key features of laws governing moving and handling. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.  Level 2 response: 4 - 5 marks Candidates can give a basic explanation of at least two key features of laws governing moving and handling. Answers will show some evidence of application of knowledge. There may be noticeable errors of grammar punctuation and spelling.  Sub-max of 4 marks for one done well.  Level 1 response: 0 - 3 marks Candidates may simply list sections of the laws relating to moving and	Mark
	<ul> <li>handling, with no understanding shown of the overarching principles. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling may be noticeable and intrusive.</li> <li>to avoid manual handling wherever possible</li> <li>encourage independence</li> <li>to prevent injury to employees while carrying out manual handling tasks where this is essential</li> <li>to ensure that wherever possible, machinery is used rather than purely human effort</li> <li>risk assessment to be carried out before any manual handling, and risk to be reduced as far as possible</li> <li>information must be available concerning the use of the equipment</li> <li>equipment must be suitable, strong, stable and marked with safe working load</li> <li>lifting operations must be supervised and safely conducted (implies training of operatives)</li> <li>requires regular safety inspection of lifting equipment</li> </ul>	
5 (1)	records must be kept	[7]
5 (b)	<ul> <li>One mark for equipment, ONE required</li> <li>hoist</li> <li>slide board/transfer board</li> <li>wheelchair</li> </ul>	
	(other reasonable alternatives may be accepted if given) Do not accept equipment which is basically self-help eg bed-ladder	[1]

Question	Expected Answer	Mark
5 (c)	Level 3 response: 6-7 marks Candidates give a detailed description of the preparation required. They will consider both the service user and the care worker. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.  Level 2 response: 4 – 5 marks Candidates can give a basic explanation of the preparations. Answers will show some evidence of application of knowledge. They may not consider both the service user and the care worker. There will be noticeable errors of grammar punctuation and spelling.  Sub-max of 4 if only one of care worker or service user is considered.  Level 1 response: 0 – 3 marks Candidates may simply list rules to be followed with no reasons given. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling will be noticeable and intrusive.  • have correct training – so procedure is carried out safely • ensure two people are there to help – to ensure full control/ adhere to guidelines • ensure that correct flat shoes/loose clothing/jewellery are being worn – reduce risk if slipping/catching on equipment/injury to care worker • check equipment is ready/not broken/maintained – reduce chance of its failing during move • carry out risk assessment for this move – ensure that all necessary considerations have been given due thought since last move • clear area around – so no collisions/falls etc • ensure sling (if used) is appropriate for weight of user – ensure capable of taking load so doesn't break etc. • stand correctly – legs apart on stable base as close as possible to user – prevents damage to back etc • apply brakes to equipment (where appropriate) before manoeuvre – prevent sudden unexpected movement • ensure that service user understands procedure – so no confusion during manoeuvre (possible cause of accidents) • ensures service user agrees to manoeuvre – won't panic or struggle so less risk of accidents • encourage active participation of service u	Mark
	cooperation/agreement of user	[7]

Question	Expected Answer	Mark
6 (a)	Level 3 response: 8 - 9 marks  Detailed analysis of at least two ways in which the spread of infection might be reduced or prevented including detailed information. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.	
	Level 2 response: 5 - 7 marks  The responses indicate some understanding of at least two ways in which the spread of infection might be reduced or prevented, but examples lack depth of discussion and are superficial in places.  Answers will show some evidence of application of knowledge. There may be noticeable errors of grammar punctuation and spelling. Sub-max of 5 for one done well.	
	Level 1 response: 0 - 4 marks Responses will not clearly show understanding of the how the spread of infection might be reduced or prevented. They may simply list methods that might be employed, possibly itemising PPE equipment. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	
	<ul> <li>standard precautions – may be described and clear information given relating to how they reduce infection</li> <li>wiping work surfaces clean, removing spillages</li> <li>basic disinfection, regular cleaning of toilet areas</li> <li>cleaning if sinks/baths/bathrooms/toilets, regular changing of bed linen</li> <li>regular changing of towels etc.</li> <li>routine hand washing before and after tasks</li> <li>mopping floors, vacuuming carpeted areas</li> <li>washing painted surfaces intermittently</li> </ul>	
	MODES OF TRANSMISSION: Oral, via bodily fluids, droplet contamination, vectors	
	The actual combinations of information possible are many and varied: eg Wiping surfaces clean prevents bacterial build up on waste food or bodily fluids – reduces risk of transfer to hands of another person touching the surface – therefore less likelihood of them ingesting bacteria by hand to mouth contact.	
	<ul> <li>Wearing of PPE – examples will probably be given with precise information concerning how and why infection spread is reduced</li> <li>gloves – will protect care worker from contamination from patient. as gloves will be disposed of between patients so preventing carriage of bacteria etc</li> <li>mask – prevents from inhaling infectious agents from infected person and prevents care worker becoming ill or carrying infection home etc</li> </ul>	

Question	Expected Answer	Mark
	apron – prevents bodily fluids contaminating workers clothes and being taken home after work	
	<ul> <li>eye protection – prevents contaminated fluids from landing in eyes and causing illness to care worker</li> </ul>	
	<ul> <li>overshoes – prevents infection from patient in theatre being spread outside that area and to care worker (and home)</li> </ul>	
	Personal hygiene precautions – examples given to show reduction in contamination	
	<ul> <li>hand washing – prevents bacterial transfer from hands to patients/hand to mouth</li> </ul>	
	<ul> <li>hygiene after toileting – prevents faecal transfer, especially to mouth</li> <li>general cleanliness – prevents transfer of infections</li> </ul>	
	<ul> <li>not working when ill – avoids infection spreading amongst vulnerable service users</li> </ul>	[9]
	covering coughs/sneezes – prevents airborne contamination	[3]
	Isolation of severely ill patients	

Question	Expected Answer	Mark
6 (b)	Level 3 response: 5-6 marks  Detailed response showing a clear analysis of at least two of the benefits to people who use services of having a security policy in the care setting chosen. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling. Candidates will demonstrate an understanding of the specific needs/nature of those who use the service.	
	Level 2 response: 3-4 marks  The responses indicate some understanding of at least two benefits to the service users in the chosen care setting, but examples lack depth of discussion and are superficial in places. Answers will show some evidence of application of knowledge. There may be noticeable errors of grammar punctuation and spelling.  Sub-max of 3 for 1 done well.	
	Level 1 response: 0-2 marks Responses may simply list general contents of a security policy generically, but will not clearly show understanding of the benefits to service users. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	
	<ul> <li>Nursery</li> <li>Both: CRB etc check of staff to ensure safety of clients</li> <li>(a) children unaware of many dangers so need adults to take responsibility for their security</li> <li>(b) they may be trusting of relative strangers so nursery must have system in place to vet/check anyone collecting children and also anyone working or volunteering to help the children</li> <li>(c) young children may do unexpected things with no warning, so must prepare for this – expect the unexpected</li> <li>(d) children naturally adventurous so need eg high or secure door fasteners that they cannot reach to open external doors</li> <li>(e) safety catches on windows similarly to prevent 'escape' to exciting new unexplored areas</li> <li>(f) need staff awareness of child protection issues and procedures to follow if they have grounds to suspect child abuse ie infringement of child's security when away from the nursery</li> <li>(g) close supervision of children, especially those with tendencies towards inappropriate behaviour in order to safeguard the safety of other children with whom they are playing etc</li> </ul>	
	Residential Home Both: CRB etc check of staff to ensure safety of clients  (a) residents may be confused or have impaired memory function so effective monitoring of comings and goings essential to protect them from harm  (b) residents themselves may need to be restricted in their movements if they are a danger to themselves  (c) dangerous areas such as kitchens may need to be 'exclusion zones' to protect residents from harm  (d) some residents may be too trusting of visitors or staff so some control may have to be taken of, say, their money centrally to	

Question	Expected Answer	Mark
Question	protect them from theft or fraud  (e) residents may have memory impairment so systems need to be of high level as they may themselves be unable to recall any violations of their rights  (f) visitors are monitored to prevent unwanted ones infringing resident's right to privacy etc	Mark
	Candidates discussing privacy for residents must be given credit for these answers as this falls within the overall heading of security within the specification. They will not be penalised if they do not deal with this area.  Candidates must be clear that certain precautions are only for service users with memory impairment. It would be incorrect to suggest that all elderly people need all these precautions that would turn them potentially into prisoners with few freedoms.	

# **F918 Caring for Older People**

Qı	Question		Expected answers	Marks	Total
1	(a)	(i)	One from:	1x1	[1]
			<ul> <li>senile dementia/Alzheimer's disease</li> </ul>		
			multiple sclerosis		
			Parkinson's disease		
1	(a)	(ii)	Five from:	5x1	[5]
			<ul> <li>difficulty moving around due to mobility problems</li> </ul>		
			<ul> <li>lack of muscle control/stiffness in joints</li> </ul>		
			<ul> <li>difficulty eating/holding cutlery</li> </ul>		
			<ul> <li>balance issues/fall over easily</li> </ul>		
			difficulty with toileting		
			<ul> <li>difficulty maintaining personal hygiene/washing</li> </ul>		
			<ul> <li>difficulty dressing themselves/fastening clothes</li> </ul>		
			<ul> <li>problems preparing meals</li> </ul>		
			<ul> <li>difficulty forming words/slurred speech</li> </ul>		
			<ul> <li>incontinence due to weakened muscles</li> </ul>		
			<ul> <li>difficulty picking up objects/sewing/knitting</li> </ul>		
			<ul> <li>painful joints/limbs</li> </ul>		
			muscle spasms/constant shaking		
			<ul> <li>numbness/loss of feeling in limbs</li> </ul>		
			lack of energy so finds doing activities difficult		
			reactions slower		
			[Any other acceptable physical effect linked to the named disorder]		

Qι	uestio	n Expected Answers	Marks	Total
1	(b)	One mark each for naming a relevant service for each type.	3x1	[9]
		<b>Two</b> marks for explaining the support provided by the named	3x2	
		service.		
		Health-care services:		
		GP surgery – GPs prescribe medication to reduce pain		
		community nursing – monitor health to assess changes		
		physiotherapy – provide exercises to improve mobility		
		continence nurse – provide specialist continence		
		aids/equipment to maintain personal hygiene		
		health visitor – advise on health living practices to improve		
		safety/reduce risks		
		NHS Direct – provide advice and guidance if her condition		
		worsens  Diototics Diotician advisos about correct diet to provent		
		<ul> <li>Dietetics – Dietician advises about correct diet to prevent worsening the condition</li> </ul>		
		Hospital – consultants diagnose condition, provide advice on		
		treatment, perform operations to improve quality of life.		
		Any other relevant health-care service with relevant explanation of		
		support provided.		
		Social-care services:		
		social services – social worker – assess needs to produce a		
		care plan to ensure needs are met/care manager - monitor		
		care plan and ensure needs are being met		
		occupational therapy – assess home for aids and		
		adaptations/provide specialist aids/adaptations/advise on		
		<ul> <li>safe practices to improve independence</li> <li>day-care centre – meet others in similar situations to share</li> </ul>		
		experiences, increase social interaction to make		
		friends/reduce isolation		
		transport services – take them to appointments so that		
		they get there safely		
		<ul> <li>residential care home – provides 24/7 care and support to</li> </ul>		
		help cope with disorder and have quality of life.		
		Any other relevant social-care service with relevant explanation of support provided.		
		Domiciliary services:		
		<ul> <li>home-care – provide support with daily living tasks, support</li> </ul>		
		with personal hygiene		
		meals on wheels – delivering ready made meals to give the		
		nutrients she requires/reduce potential risks of her preparing		
		her own meals/ so she does not forget to eat.  Any other relevant demiciliary service with relevant explanation of		
		Any other relevant domiciliary service with relevant explanation of support provided.		
			[15]	

Qı	Question		Expected Answers	Marks	Total
2	(a)	(i)	One from:	1x1	[1]
			osteoporosis		
			rheumatoid arthritis		
			osteoarthritis		
			rheumatism.		
2	(a)	(ii)	Three from:	3x2	[6]
			poor mobility – therefore more prone to falling		
			<ul> <li>weak joints/muscles – so likely to drop hot</li> </ul>		
			things/safety issues/increased risk of fractures		
			<ul> <li>climbing steps/stairs may be difficult – so could stumble and fall</li> </ul>		
			<ul> <li>pain in joints may distract them – so could have an accident</li> </ul>		
			difficulty getting in and out of the bath – could slip easily and break bones		
			ability to grip may be affected – so jars/bottles are difficult to open and could be dropped		
			stiff/inflamed joints – so may find it difficult to get up		
			out of chairs/cars and could fall		
			slower at crossing the road – so may get knocked down by a car.		
			<ul><li>down by a car</li><li>afraid of losing independence so try and do things</li></ul>		
			they should really have help with		
			loss of concentration so may hurt themselves as not		
			thinking about what they are doing		
			<ul> <li>unable to reach to wash themselves properly so more</li> </ul>		
			prone to infections.		
			unable to exercise very much so may have		
			obesity/weight gain issues		
		(1)	[Accept any relevant reason with suitable explanation].	4 4	F 4 =
2	(b)	(i)	One from:	1x1	[1]
			shopmobility		
			meals-on-wheels  dial a ride/ring and ride     (accept similar)		
			dial-a-ride/ring-and-ride – (accept similar)		
			Age Concern     British Bod Cross		
			British Red Cross     Ostoporosis Society		
			<ul><li>Osteoporosis Society</li><li>Disability Information and Advice Centre (DIAC)</li></ul>		
			Help the Aged.		
			Accept any relevant voluntary service].		
		1	[nooopt arry relevant voluntary service].		L

Qı	uesti	on	Expected Answers	Marks	Total
2	(b)	(ii)	Level 3 [6–7 marks] Candidates will thoroughly assess the impact of the support provided by this voluntary service on the health and well-being of the older person. A detailed understanding of both positive and negative impact will be demonstrated. A conclusion will be drawn for the top mark in this level. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.  Level 2 [4–5 marks] Candidates will assess the impact of the support provided by this voluntary service on the health and well-being of the older person. A limited understanding of both positive and negative factors will be demonstrated. Answers will be factually accurate. There will be evidence of coherence within the work. There may be noticeable errors of grammar, punctuation and spelling.  Submax of 4 marks for only positive or negative  Level 1 [0–3 marks] Candidates will identify one or two ways the support provided by this voluntary service could impact on the health and well-being of the older person. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	Walks	[7]

Question	Expected Answers	Marks	Total
	Positive:		
	raise self-esteem		
	improve confidence		
	empower the older person		
	provide advice and guidance		
	<ul> <li>provide activities to participate in</li> </ul>		
	<ul> <li>provide aids and adaptations (accept examples)</li> </ul>		
	improve social interaction with others		
	provide coping strategies		
	feel valued/wanted		
	improved motivation		
	increased mobility		
	meet new people/make new friends		
	learning new skills		
	maintains/improves independence		
	ensures nutritious meals are eaten		
	help with shopping		
	make sure they can get to appointments		
	Negative:		
	<ul> <li>lower feelings of self-worth/self-esteem</li> </ul>		
	increase feelings of inadequacy		
	learned-helplessness		
	<ul> <li>decreased confidence because they have to use the</li> </ul>		
	service		
	<ul> <li>embarrassed/ashamed</li> </ul>		
	feel sad/upset		
	become depressed/stressed		
	<ul> <li>may not be able to fit all personal possession in as smaller</li> </ul>		
	accommodation		
	Total	[15]	

Question		on	Expected Answers	Marks	Total
3	(a)	(i)	One from:	1x1	[1]
	`	` ′	lung cancer		
			emphysema		
			<ul> <li>chronic obstructive pulmonary disease (COPD)</li> </ul>		
3	(a)	(ii)	Three from:	3x1	[3]
	(α)	(,	becomes very breathless/lungs less efficient	OX I	[0]
			loss of friends		
			<ul> <li>poor social life/lack of contact with work mates</li> </ul>		
			•		
			dependent on others for support/at risk when he goes		
			anywhere		
			lack of confidence/decreased motivation		
			increased danger to himself/needs others to care for him		
			because he can no longer do so for himself		
			<ul> <li>role reversal/can no longer care for himself</li> </ul>		
			<ul> <li>increased health care needs/needs professional support</li> </ul>		
			from carers		
			<ul> <li>low self-esteem/get frustrated with himself/anger</li> </ul>		
			<ul> <li>stress/depression/self-fulfilling prophecy</li> </ul>		
			<ul> <li>pain/discomfort associated with the condition</li> </ul>		
			<ul> <li>lack of sleep due to chronic coughing/pain in chest</li> </ul>		
			excessive mucus/sputum which is coughed up		
			less active so exercising may be difficult		
			excessive/persistent coughing		
			[Accept any other appropriate answer].		
3	(b)		Four from:	4x1	[8]
	()		<ul> <li>assess his needs – to ensure they are met fully</li> </ul>	4x1	r1
			assess home for aids/adaptations – to maintain		
			safety/help him to remain independent		
			<ul> <li>talk to his family/carers – to ensure all his needs are met</li> </ul>		
			<ul> <li>advise about daily living routines – to enable him to cope</li> </ul>		
			with his disorder		
			teach new skills – to enable him to care for himself		
			observe him doing tasks/activities – to assess his needs		
			<ul> <li>show him how to use aids/adaptations – to ensure safety</li> </ul>		
			•		
			arrange for specialist to come and fit adaptations – to		
			ensure they are fitted correctly		
			talk to him about his difficulties – to find out specific  pand to help him understand his disorder.		
			needs/to help him understand his disorder		
			provide information about services available – to enable  him to access them.		
			him to access them		
			produce a care plan – to inform others of their		
			responsibilities		
			suggest ways of promoting social activity – so he does		
			not become socially excluded/isolated		
			• arrange for other services to give support – to meet his		
			needs fully.		
			One mark each for identifying <b>four</b> ways.		
i .					
			One mark each for each explanation linked directly to the ways		
			identified.		

Question		n Expected Answers	Marks	Total
3	(c)	Level 3 [7–8 marks] Candidates will clearly evaluate the effects of moving into sheltered accommodation on Jermaine. Both positive and negative effects will be considered. Judgements will be sound and link directly to the impact on Jermaine. For full marks a conclusion will be drawn. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. There will be few errors of grammar, punctuation and spelling.  Level 2 [4–6 marks] Candidates will make a limited evaluation of the effects of moving into sheltered accommodation on Jermaine. Both positive and negative effects will be considered superficially. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling.  Sub-max of 4 if only positive or negative  Level 1 [0–3 marks] Candidates may identify effects of moving into sheltered accommodation on Jermaine. Evaluation will be lacking. Understanding will be superficial. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.  Positive effects:  + increased safety/security + warden on call in emergency + support available + make new friends + increased social life/not feel isolated + raised confidence + raised self-esteem	Marks	Total [8]
		<ul> <li>+ make new friends</li> <li>+ increased social life/not feel isolated</li> <li>+ raised confidence</li> <li>+ raised self-esteem</li> <li>+ more active</li> </ul>		
		<ul> <li>+ excursions/trips arranged</li> <li>+ regular visits from warden/care manager</li> <li>+ less stressful</li> <li>+ able to continue being independent</li> <li>+ can talk about his condition with others in similar situation</li> </ul>		
		Negative Effects: - feel upset to leave his old home - feel inadequate - dependent on others - lose old friends - loss of self esteem - depression - feel he is losing control of her life - lack of confidence		
		Total	[20]	

Qι	uestio	n Expected Answers	Marks	Total
4	(a)	One from:	1x1	[1]
		irritable bowel syndrome (IBS)		
		ulcerative colitis		
		Crohn's Disease		
		chronic constipation		
		cancer of the bowel/stomach		
4	(b)	Three from:	3x1	[6]
		<ul> <li>her condition getting worse – operation could remove part of the bowel and prevent spread of disorder/improve</li> </ul>	3x1	
		functioning of the bowel		
		severe loss of weight – operation could improve the		
		absorption of nutrients/prevent further complications		
		severe pain and discomfort – removal of affected part of the harmonic part of the harmon		
		the bowel could improve levels of pain		
		<ul> <li>internal bleeding from the affected part of the bowel – operation would stop the bleeding</li> </ul>		
		digestive system blocked – operation performed to remove the blockage		
		<ul> <li>insertion of colostomy bag – to remove waste products/relieve symptoms and prolong life</li> </ul>		
		• tumour in the bowel – which was threatening her		
		life/functioning of the bowel		
		to investigate severity of the condition – so that treatment can be decided		
		[Accept any other appropriate answer].		
	j l	просертану отнег арргорнате анэмен.		

Qı	uestic	n Expected Answers	Marks	Total
4	(c)	Level 3 [7–8 marks] Candidates will thoroughly analyse the role of at least two professional care workers justifying their choice by linking specific skills and qualities to provide for Patricia's particular care needs when she returns home. Choices made will be realistic demonstrating a high level of understanding of their role with accurate application of underpinning knowledge. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. There will be few errors of grammar, punctuation and spelling.		[8]
		Level 2 [4–6 marks] Candidates will attempt analysis of the roles of at least two appropriate professional care workers. There will be limited justification of their choices with minimal links to Patricia's particular care needs when she returns home. Choices made will be realistic demonstrating sound understanding of their role with clear application of underpinning knowledge. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling.  Submax 4 marks for one professional care worker covered very well.		
		Level 1 [0–3 marks] Candidates may identify service providers who could support Patricia with little if any description of their role. Understanding will be superficial. Answers are likely to be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive.		

Community Nurse     Health Visitor     Occupational Therapist     Counsellor     Home Care Assistant     Social worker     Dietician     Care needs include:     relief of pain/discomfort     changing dressings to maintain cleanline promotion of safety and security     encouragement of independence		Marks	Total
Care needs include:     relief of pain/discomfort     changing dressings to maintain cleanlin     promotion of safety and security     encouragement of independence	Roles eg scribe medication nging dressings e about diet ss home for aids / otations bout problems de personal care support v living tasks ss needs monitor care rision rovide advice on the ect foods to eat/foods will not make their dition worse		
<ul> <li>prevent/reduce depression/stress</li> <li>washing/bathing/dressing</li> </ul>	ess of wound Total	[15]	

Qι	uestic	n Expected Answers	Marks	Total
5	(a)	Level 3 [5–6 marks] Candidates will clearly explain at least two reasons why Paul could feel isolated as a result of a disorder of the circulatory system. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.  Level 2 [3–4 marks] Candidates will give a limited explanation of at least two reasons why Paul could feel isolated as a result of a disorder of the circulatory system. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling.  Sub-max of three marks for one way done well.		[6]
		Level 1 [0–2 marks] Candidates will give a basic description/identify reasons why Paul could feel isolated as a result of a disorder of the circulatory system. Candidates may give minimal description and show limited understanding. Answers are likely to be list-like or muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive.  • afraid to go out because he may have another heart attack • people's negative reactions make him not want to go out • lack of visitors because people do not know how to react around him/let him rest • lose friends as can no longer participate in the same activities as before • get tired easily and need to go home • like to stay in own routine because they feel safe • need to take regular medication which could make him feel tired • unable to carry out daily living tasks eg washing and dressing so feel different to others/poor hygiene • lack of confidence/self-esteem so do not want to go out • not able to take part in hobbies/activities so not bother going to see people/do anything • mobility affected – as he cannot walk very far to meet people • dependent on others for care/supervision so feels ashamed of himself • unable to support family members so they do not see him as often • can no longer drive so cannot get out as easily as before • feels safer at home as he does not want to have another heart attack in public		
		have to take time off from/give up work so will miss his work colleagues		

Qı	uestion	Expected Answers	Marks	Total
5	(b)	Level 3 [8–9 marks] Candidates will clearly evaluate how at least two lifestyle changes could affect his roles. Accurate links will be made between the lifestyle changes and roles. Both positive and negative effects will be considered. A conclusion will be drawn. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.		[9]
		Level 2 [5–7 marks] Candidates will basically evaluate how two lifestyle changes could affect his roles. Accurate links will be made between the lifestyle changes and the roles. Consideration of both positive and negative effects will be evident for higher marks in this level. Answers will be factually accurate using appropriate terminology. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling.  Sub-max 5 for one lifestyle change done well and/or only positive/negative		
		Level 1 [0–4 marks] Candidates will describe/identify lifestyle changes and/or roles. Superficial links may be made between the lifestyle changes and roles. Answers will be factually accurate, using appropriate terminology. Errors of grammar, punctuation and spelling may be noticeable and intrusive.		

Question	Expected Answers	Marks	Total
	Negative lifestyle changes: - have to retire/give up work - no longer see work colleagues - dependent on others eg family/carers - income changes – may have to rely on benefits - realisation that time is passing by/closer to death - changes in routine - following medical advice/guidance - have to give up strenuous activities which he may have enjoyed - lose friends  Positive lifestyle changes: + spend more time with partner/wife + see more of family + make new friends + take up new hobbies/leisure activities + ability to continue hobbies/interests + freedom to choose what he does + able to participate in community activities + may take up voluntary work + have to live a healthier life including exercise/diet/give up smoking		
	Roles:      as an employee     voluntary worker     role within family     role within marriage/with partner     role in the community	otal [15]	

Qı	uestio	n Expected Answers	Marks	Total
<b>Q</b> t <b>6</b>	(a)	Level 3 [7–8 marks] Candidates will clearly analyse at least two ways the Care Standards Act 2000 should ensure Henry receives quality care. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.  Level 2 [4–6 marks] Candidates will describe at least two ways the Care Standards Act 2000 should ensure Henry receives quality care. Answers will be factually accurate. There may be noticeable errors of grammar, punctuation and spelling.  Submax 4 marks for one way described well.  Level 1 [0–3 marks] Candidates will identify features of the Care Standards Act 2000. Candidates will identify features of the Care Standards Act 2000. Candidates may give minimal description and show limited understanding. Answers are likely to be muddled, demonstrating little knowledge or understanding. There will be evidence of coherence within the answers. Errors of grammar, punctuation and spelling may be noticeable and intrusive.  Care Standards Act 2000  National Care Standards Commission inspect home regularly minimum standards of care have to be provided residential home will have to be registered regulations have to be applied consistently focus of care is on service users meeting Henry's assessed needs choice of home health and personal care daily life and social activities complaints and protection environment of the home must be safe staffing at the home/quality workforce at required level management and administration of the home independent supervision maintains standards	Marks	Total [8]

Qι	uestio	n Expected Answers	Marks	Total
6	(b)	Level 3 [9–12 marks] Candidates will clearly explain how the care assistant in the residential home should apply each of the three care values in at least two day-to-day tasks when providing care for Henry. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.		[12]
		Level 2 [5–8 marks] Candidates will describe how the care assistant in the residential home should apply at least <b>two</b> of the <b>three</b> aspects of the care values in at least <b>two</b> day-to-day tasks when providing care for Henry. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling.  Submax 6 marks for <b>one</b> care value and <b>one</b> day-to-day task analysed very well  Submax 6 marks if no application to day to day tasks but explanation of care values is thorough.		
		Level 1 [0–4 marks] Candidates will identify ways the care assistant in the residential home should apply the care values in their day-to-day tasks. Candidates may give minimal description and show limited understanding of different aspects of the care values.  Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.		
		Day-to-day tasks include: <ul> <li>support with washing/personal hygiene</li> <li>support with dressing</li> <li>serving meals/drinks</li> <li>support with feeding</li> <li>completion of records</li> <li>social activities</li> </ul>		

Question	Expected Answers	Marks	Total
	Maintain confidentiality:		
	<ul> <li>respect Henry's wishes for information to be kept private</li> </ul>		
	<ul> <li>do not talk about his care to those who do not need to know</li> </ul>		
	<ul> <li>do not talk about his care to those who do not need to know</li> <li>do not leave notes lying around for others to read</li> </ul>		
	<ul> <li>ask permission to share information</li> </ul>		
	explain who will have access to his information		
	<ul> <li>do not give information over the telephone unless identity of</li> </ul>		
	caller can be proven		
	<ul> <li>not leaving personal notes on the computer screen so that others can read them</li> </ul>		
	<ul> <li>having a password to access computer records</li> </ul>		
	<ul> <li>not talking about Henry by name at home so that he can be identified</li> </ul>		
	Promote equality and diversity:		
	never stereotype individuals		
	identify and fight their own prejudices		
	use language that Henry can understand		
	<ul> <li>provide care according to his needs</li> </ul>		
	challenge others who may discriminate against him		
	check Henry has understood what is said		
	listen carefully to Henry		
	use appropriate body language      set lebelling a seals.		
	not labelling people		
	respecting Henry's sexuality  Pot verbally shuring Henry		
	not verbally abusing Henry     not physically abusing Henry		
	not physically abusing Henry     providing information in shape language		
	providing information in chosen language     providing mode according to his preferences.		
	<ul> <li>providing meals according to his preferences</li> </ul>		
	Promote individual rights and beliefs:		
	encourage Henry to be independent		
	calling him by his preferred name		
	allow Henry to have choices about his care and treatment		
	ask Henry what he needs and wishes		
	provide equipment so that Henry can do more for himself		
	make sure all care is carried out safely		
	provide a safe environment		
	treat Henry with dignity and respect		
	recognise Henry's beliefs      recognise Henry's beliefs		
	enable Henry to maintain his identity		
	encourage Henry to express his preferences		
	raise awareness of how to complain     height aware of Hoppy's cultural people		
	being aware of Henry's cultural needs     addressing Henry correctly/calling him the name has profess		
	addressing Henry correctly/calling him the name he prefers  Total	[20]	
	Paper Total	[100]	
	raper rotal	[ [ ויטט]	

## F920 Understanding human behaviour

Que	estion	Expected Answer	Mark
1	(a)	One mark for a correct response from	1 x 1
		Tajfel	[1]
		• Latane	
		Bandura	
	(b)	Two marks for each feature outlined. Two required from	2 x 2 [4]
		Tajfel	
		<ul> <li>those with low self-esteem will identify with a group having a positive self image</li> </ul>	
		<ul> <li>the stronger the positive image results in the more positive social identity</li> </ul>	
		<ul> <li>need to identify with the 'in group'</li> </ul>	
		<ul> <li>identification of 'out groups' who may be rejected or ostracised</li> </ul>	
		<ul> <li>experimental work involved allocating rewards on an arbitrary basis to random groups.</li> </ul>	
		• Latane	
		<ul> <li>the presence of others affects behaviour – more likely to wait for guidance, to follow others – deferred/shared responsibility</li> </ul>	
		<ul> <li>'bystander' effect – the more people present the fewer will come</li> </ul>	
		forward to help	
		- social impact – leading to conformity and obedience	
		<ul> <li>individuals put in less effort when in a group</li> <li>experimental work resulted from murder of Kitty Genovese/involves</li> </ul>	
		responding to people in distress/danger	
		Bandura	
		<ul> <li>observation and imitation/copying of behaviour</li> </ul>	
		<ul> <li>choose role models who can be identified with</li> </ul>	
		<ul> <li>low self esteem can lead to greater imitation</li> </ul>	
		<ul> <li>vicarious reinforcement increases likelihood of imitation</li> </ul>	
		<ul> <li>reward often intrinsic – does not depend on imitator receiving</li> </ul>	
		reward/recognition	
		<ul> <li>experimental work based on Bobo doll</li> </ul>	

Que	stion	Expected Answer	Mark
1	(c)	Level 3 (8 – 10 marks)  Candidate demonstrates clear understanding of a social learning theory and is able to explain how older people might change their behaviour when moving into residential care. Appropriate examples are given which relate social learning theory to living in residential care. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There may be occasional errors of grammar, punctuation and spelling.	
		Level 2 (5 – 7 marks) Candidate describes aspects of a social learning theory and attempts to relate theory to older people in residential care, showing some understanding. Examples given may or may not relate to the focus of the question. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.	
		Level 1 (0 – 4 marks) Candidate has identified some aspects of a social learning theory but little or no attempt has been made to relate theory to practice. Little understanding is shown of the focus of the question. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure, information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	

Question	Expected Answer	Mark
	<ul> <li>New residents will:</li> <li>observe behaviour of others – particularly that which receives approval of those in charge</li> <li>identify those they are most like, those they wish to be like/be friends with</li> <li>imitate behaviour that gains approval eg from carers/other residents</li> <li>identify with 'in-group' eg popular residents who have friends/take part in social activities</li> <li>identify the 'out-group' eg residents who are aggressive/rude/selfish/unco-operative</li> <li>(or vice versa – resident may wish to identify with the unsocial residents)</li> <li>wait to see what others will do before taking action eg making a complaint - 'bystander apathy'</li> </ul>	
	Changes in behaviour:  • fit in with routine  • take part in social activities  • co-operate with others – carers and other residents  • join in group activities/conversations eg following particular TV programmes/discussing families/health etc  • take up new hobbies/activities to become part of group  • become more negative/complaining/argumentative/aggressive if others take this approach  + any other appropriate example	

Que	stion	Expected Answer	Mark
2	(a)	Level 3 (8 – 10 marks)	
		Candidate is able to analyse at least <b>two</b> factors which could influence the development of self-concept showing a high level of understanding. Candidates are likely to have included appropriate examples to support their answer. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There may be occasional errors of grammar, punctuation and spelling.	
		Level 2 (4 – 7 marks) Candidate describes two factors which could influence the development of self-concept. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.  Sub-max of 5 marks for one factor done well.	
		Level 1 (0 – 3 marks) Candidate identifies one or two factors which could influence the development of self-concept. Answer is likely to be list like and there is little development of the factors identified. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure, information presented may be muddled and of doubtful relevance to the focus of the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	
		<ul> <li>Immediate society and culture – this could lead to beliefs about self according to gender, age, ethnicity, disability etc – positive or negative impact.</li> <li>Primary socialisation – influence of family and upbringing, parenting styles – support, praise, encouragement, unconditional love (or opposite).</li> <li>Secondary socialisation – reactions of others/feedback from friends/peers – positive or negative – being bullied or having supportive friendships.</li> <li>Comparing selves with others – how do we 'measure up'/judge ourselves in comparison with friends/peers/siblings etc</li> <li>Role models – do we choose realistic role models and set ourselves achievable targets or can we never live up to our ideals - media images etc (self-image)</li> </ul>	
		<ul> <li>Reactions to success or failure eg performance in school, exams etc, coping with change – being able to adapt to changing circumstances/difficulties (self-esteem)</li> <li>Self-fulfilling prophecy – we become what we are told we will be.</li> <li>Predisposition towards a particular personality type – high/low self-concept</li> <li>Self-esteem - how a person feels about themselves</li> <li>Self-image – how a person sees themselves</li> <li>Self-efficacy –accuracy of predictions of success</li> </ul>	

	stion	Expected Answer	Mark
2	(b)	Level 3 (8 – 10 marks) Candidate demonstrates a clear understanding of what is meant by 'inherited factors' and explains how they could influence development. Examples of inherited factors are given and are appropriate. At least three aspects of PIES are covered. Relevant examples of effects are used with understanding to illustrate the answer. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There may be occasional errors of grammar, punctuation and spelling.	
		Level 2 (4 – 7 marks) Candidate demonstrates understanding of what is meant by 'inherited factors' and explains how they could influence development. Examples of inherited factors should be given, if so, examples are appropriate. A generic approach may be taken. At least two aspects of PIES are covered. Relevant examples of the effects are given. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the focus of the question. There may be noticeable errors of grammar, punctuation and spelling. Sub-max of 5 marks for one factor done well or only one aspect of PIES. Sub-max of 4 marks if no examples given of inherited factors.	
		Level1 (0 – 3 marks) Candidate describes in general terms how inherited factors influence development. There will be little or no reference to PIES. Alternatively all PIES are identified but answer is list like and muddled demonstrating a lack of understanding of the focus of the question. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure, information presented may lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	
		<ul> <li>inherited factors are carried on the genes</li> <li>parents may or may not have the same condition (dominant /recessive genes)</li> <li>may be identifiable during pre-natal tests or at birth, or may develop later in life</li> </ul>	
		<ul> <li>Genetic conditions and inherited factors e.g.:</li> <li>Cystic fibrosis</li> <li>Haemophilia</li> <li>Autism</li> <li>Tourette's</li> <li>physical characteristics such as: Height, hair colour/texture, eye colour, skin colour</li> <li>predisposition towards: <ul> <li>cancers</li> <li>obesity</li> <li>diabetes</li> </ul> </li> </ul>	

Question	Expected Answer	Mark
	+ any other appropriate example  P – physical effects: appearance, height, facial features, skin colour etc (could be positive or negative), physical disability, illness, pain, specific symptoms eg thickened mucous of CF, inability of blood to clot.  I – intellectual effects: learning difficulties (or abilities), interrupted education/employment (or enhanced), inability to concentrate because of medical treatment/effects of medication, increased understanding/knowledge of the condition/treatment.	
	E – emotional effects: resentment of parents who 'passed on' genes, bond with parents through shared experience, more mature/less mature because of condition/treatment, depression, worry, fear, feeling 'special'/ 'different'  S – social effects: more at ease with adults if time spent in hospital/having treatment, interrupted education may affect ease of making/maintaining friendships, make friends with those with same/similar conditions, join clubs/self help groups.	

Que	estion	Expected Answer	Mark
3	(a)	One mark for a correct response from:	1x1 [1]
		Maslow or Rogers	
	(b)	Two marks for each feature outlined (two required):	2 x 2 [4]
		Identify theory = 1 mark. Further development = 1 mark.	
		Maslow:	
		needs met in order/hierarchy- deficit needs then higher order needs	
		physical/physiological needs – food, water, sleep etc (N.B. not     paychalogicall)	
		<ul><li>psychological!)</li><li>safety/security – housing, free from threat or intimidation</li></ul>	
		sense of belonging/love – member of a family or social group	
		self-esteem – feeling good about self	
		cognitive – learning, intellectual stimulation	
		aesthetic – sense of beauty, music, 'awe and wonder'	
		self actualisation – 'being all that you can be'      self actualisation – 'being all that you can be 'be'      self actualisation – 'be'      self actualisation – 'be'      self actualisation – 'be'	
		self motivation to progress – internal drive	
		Rogers:	
		Positive regard from others leads to positive self regard	
		Conditions of worth distorts perception of self	
		Inbuilt need to explore – actualising tendency	
		Social pressures decrease/distort the actualising drive    Social pressures decrease/distort the actualising drive	
		Unconditional love/positive regard	

Que	stion	Expected Answer	Mark
3	(c)	Level 3 (12 – 15) Candidate demonstrates a high level of understanding of a humanist theory and is able to relate the theory to the experience of being bullied. Candidate explains how being bullied can affect aspects of at least three PIES. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There may be occasional errors of grammar, punctuation and spelling.	
		Level 2 (7 – 11) Candidate describes aspects of a humanist theory and makes appropriate links between theory and the effects of being bullied. Aspects of at least <b>two</b> PIES are addressed. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.	
		Level 1 (0 – 6) Candidate identifies aspects of a humanist theory and at least one aspect of PIES is covered, but links to the effects of being bullied are not clearly made or are not attempted. Alternatively candidate explains the effects of being bullied on PIES but does not relate the information to a humanist theory. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure, information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	

Question	Expected Answer	Mark
	<ul> <li>Maslow:</li> <li>hierarchy of needs – if deficit needs are not met higher order needs cannot be addressed</li> <li>bullying may result loss of appetite, lack of sleep – physiological needs not being met</li> <li>fear of threat/attack/verbal abuse – safety needs not being met</li> <li>feelings of exclusion – no sense of belonging</li> <li>made to feel worthless/inferior - lack of self-esteem</li> <li>cannot concentrate – intellectual development affected</li> <li>long term consequences – particularly emotional</li> </ul>	
	Rogers:  • bullying involves conditions of worth – value of self suffers  • victim tries to adapt behaviour to conform to demands of the bullies  • loss of sense of self-worth  • actualising tendency/motivation to learn decreased  • creates a distorted self image  • may lead to self harming  • long term consequences	
	Both:     self-concept/self-esteem/self-image suffer     motivation to succeed reduced     could lead to more determined independence (beat the bullies)     disempowerment	
	<ul> <li>Link to PIES</li> <li>Physical – loss of appetite, loss of sleep. Self harming. Physical injuries from attacks</li> </ul>	
	<ul> <li>Intellectual – cannot concentrate at school, frightened to ask/answer question in class, not want to achieve - fear of being ridiculed for working hard/doing well. Could result in child becoming more determined to achieve, spends time at home working rather than meeting/mixing with others</li> </ul>	
	<ul> <li>Emotional – frightened, worried, school phobia, stressed, angry, depressed</li> </ul>	
	<ul> <li>Social – not mixing with others, excluded from social group, not going out – fear of meeting bullies in town etc. More likely to socialise with family small circle of close friends</li> </ul>	
	+ any other appropriate link explained	

Que	stion	Expected Answer	Mark
4	(a)	Level 3 (7 – 8 marks)  Candidate demonstrates clear understanding in explaining the effects of living in poor quality housing on the physical development older people. It is clear that candidate understands what is meant by poor quality housing, at least two appropriate examples are used which are clearly related to the focus of the question. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There may be occasional errors of grammar, punctuation and spelling.  Level 2 (4 – 6 marks)  Candidate describes links between living in poor quality housing and physical development. At least two examples are given although answer may or may not be clearly focussed on the particular needs of older people. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.  Level 1 (0 – 3 marks)  Candidate identifies at least one link between living in poor quality housing and physical development but the answer does not fully relate to the focus of the question. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure, information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	mair
		<ul> <li>damp leads to respiratory problems/illnesses – older people are more susceptible - colds and flu can lead to pneumonia</li> <li>drafts create difficulty in keeping warm –expense – feeling cold – illness- hypothermia</li> <li>poor maintenance likely to lead to accidents – trips, falls</li> <li>poor wiring/electrical maintenance – risk of fire/electrocution</li> <li>poor plumbing/water supply - lack of hot water supply – effects on personal hygiene, laundry, cleaning etc</li> <li>sanitation – toilets/drains blocked – risk of disease/stomach upsets etc</li> <li>difficulties in making property secure – doors can't be locked, windows cracked or broken – not able to go out because of fears of intruders - lack of exercise</li> <li>poor storage facilities for food etc, infestation/contamination/mice – illness</li> <li>lack of or poor cooking facilities – poor diet</li> <li>any other acceptable response</li> </ul>	

Que	stion	Expected Answer	Mark
4	(b)	Level 3 (9 – 12 marks)  An appropriate theorist is identified and relevant aspects of their theory are used with understanding to explain emotional difficulties which older people may experience. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There may be occasional errors of grammar, punctuation and spelling.	
		Level 2 (5 – 8 marks) An appropriate theorist is identified and some aspects of their theory are described. An attempt is made to explain how these may explain emotional difficulties in old age. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.  Sub-max – theory only done well, maximum 6.	
		Level 1 (0 – 4 marks) Candidate identifies an appropriate theorist and some aspects of their theory. Little or no attempt is made to relate theory to practice. Alternatively, examples of emotional difficulties associated with old age are identified but no link made to an appropriate theory. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure, information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.	
		<ul> <li>Freud:</li> <li>emotional development linked to experiences in early years</li> <li>failure to pass through stages successfully leads to fixation</li> <li>feelings of increased dependence reminding of being dependent as a child</li> <li>defence mechanisms affect emotional state</li> </ul>	
		<ul> <li>Erikson:</li> <li>emotional development linked to ways in which crises/dilemmas are met earlier in life</li> <li>experiences contribute to emotional development throughout life</li> <li>adaptive/maladaptive responses learned earlier determine emotional development</li> <li>final stage of ego integrity v despair linked to emotional state</li> </ul>	

Question	Expected Answer	Mark
5	Level 4 (20 – 25 marks)  Candidate has identified Piaget or Vygotsky and demonstrated a clear understanding of their theory. A detailed evaluation of the application of the theory to an early years setting is given, using appropriate examples and giving positive and negative aspects of the theory's usefulness. A clear conclusion has been drawn for top marks. The answer has a clearly defined structure, using appropriate health, social care and early years terminology. Sentences and paragraphs are well structured and clearly address the focus of the question. There will be few, if any, errors of grammar, punctuation and spelling.	
	Level 3: (14 – 19 marks) Candidate has identified Piaget or Vygotsky, demonstrating understanding of their theory. Examples of ways in which the theory can be used in practice are given and both positive and negative aspects of application of the theory are explained although these may not be drawn to a conclusion. The answer is in a well planned and logical sequence with health, social care and early years terminology used. Sentences and paragraphs are used. There may be occasional errors of punctuation and spelling.	
	Level 2: (7 -13 marks) Candidate identifies and describes an appropriate theory. An attempt has been made to apply the theory to a practical situation with some evaluation, either positive or negative aspects being identified. There is limited ability to organise their answer. Sentences and paragraphs are not always relevant. There may be noticeable errors of grammar, punctuation and spelling.  Note: Sub-max of 10 for theory only.	
	Level 1: (0 -6 marks)  A brief outline of an appropriate theory is given. Little, if any, attempt to apply or link the theory to practice. Alternatively examples of activities related to an early years setting are given but not linked to theory. Sentences and paragraphs have limited coherence and structure, often being of doubtful relevance to the question. There may be noticeable and intrusive errors of grammar, punctuation and spelling.	
	<ul> <li>Piaget:</li> <li>staged theory (sensorimotor 0 – 2, pre-operational 2 – 7, concrete operations 7 – 11, formal operations 11 &gt; )</li> <li>links to educational stages – move to secondary school, developing more abstract thinking</li> <li>cognitive development linked with maturation</li> <li>processes of assimilation, accommodation, equilibrium – development of schemas</li> <li>free play essential</li> <li>child develops own understanding through experiences</li> <li>trial and error learning</li> <li>object permanence</li> <li>concept formation – mass, volume etc</li> <li>animism – attributing life-like qualities to inanimate objects</li> </ul> Putting Piaget into practice:	
	Useful:  • clear identification of ages and stages	

Question	Expected Answer	Mark
Question	<ul> <li>allows for selection of age/stage related activities</li> <li>provide a wide range of activities/experiences</li> <li>adults role is to facilitate learning/development by providing opportunities for children to learn from</li> <li>encourages clear structuring of learning programmes</li> <li>emphasises individual play</li> <li>detailed record keeping of child's progress helps planning</li> <li>'culture free' – importance of background seen to have less importance (although experiences will vary)</li> <li>Not useful:</li> <li>different children may go through stages at different ages</li> <li>requires detailed record keeping to identify child's stage of progress</li> <li>minimises value of group activities – less appropriate for early years settings</li> <li>emphasises individual experiences for child – minimises role of teacher</li> </ul>	Mark
	<ul> <li>teacher</li> <li>minimises role of background culture and interaction with others</li> <li>learning by 'trial and error' can be time consuming</li> </ul>	
	<ul> <li>Vygotsky:</li> <li>emphasises social interaction/importance of adults or 'more knowledgeable others'</li> <li>language is the driving force behind cognitive development</li> <li>pre-intellectual language and pre-intellectual thought operate separately before 2 – 3</li> <li>social linguist stage - language only used for social reasons (meeting needs)</li> <li>at age 2 – 3 language and thought interact - controlling own behaviour and thinking – creating 'self-talk' (often spoken out loud, occurs during play)</li> <li>from age 7 self- talk becomes silent inner speech</li> <li>social processes shape language/language shapes thought</li> <li>sensation and attention are innate</li> <li>the process of learning stimulates a motive to learn more</li> <li>zone of proximal development – the distance between the child's current and potential ability</li> </ul>	
	<ul> <li>Putting Vygotsky into practice: Useful: <ul> <li>emphasises role of teacher in being able to interact with child to help learning</li> <li>group work and shared learning activities are seen to be beneficial</li> <li>children can learn from other children 'more knowledgeable others'</li> <li>planning activities allows flexibility</li> <li>encourages social interaction – useful in early years settings structured learning can be planned more easily for a group</li> </ul> </li> </ul>	
	<ul> <li>Not useful:</li> <li>family background has major impact on early development</li> <li>importance of child working quietly on their own minimised – how do children learn to be 'independent learners'?</li> <li>importance of talking and interaction with others</li> </ul>	

Question	Expected Answer	Mark
	<ul> <li>same age groupings may not be most beneficial - difficult to arrange mixed age groups in early years settings</li> <li>careful observation and recording of progress essential to identify zone of proximal development</li> <li>ages/stages not so clearly identified – less easy to compare child's progress</li> </ul>	

## F921 Anatomy & physiology in practice

Question	Expected Answer	Mark	Total
1 (a)	a. The P wave (contraction of the atria) b. The QRS complex (contraction of the ventricles) c. The T wave (the relaxation of the ventricles)	3x1	[3]
1 (b)	Marks awarded for the following correct route.  Flow and valves  vena cava right atrium tricuspid valve right ventricle pulmonary semi- lunar valve pulmonary artery (to lungs) pulmonary vein into left atrium bicuspid valve / mitral left ventricle aortic semi-lunar valve aorta  Candidates may omit structures but the route must be accurate. Sub max of 4.		[8]

Question	Expected Answer	Mark	Total
1 (c)	Level 3 [8-9 marks] Candidates will provide a fully developed explanation of the physiological and emotional effects and includes accurate terminology and follows a logical sequence. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.  Level 2 [5-7 marks]		[9]
	Candidates will provide an explanation of the physiological and emotional effects and includes accurate terminology. The explanation of the effects will be limited. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.		
	Level 1 [0-4 marks] Candidates' will describe the effects of a named dysfunction in a limited manner. Their use of appropriate terminology will be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling and answers may be list like.		
	<ul><li>physiological effects</li><li>coronary Artery Disease</li></ul>		
	Atherosclerosis involves the formation of fatty deposits (plaques) on the walls of the coronary arteries. These plaques are thought to split open (rupture), releasing substances that cause the blood flowing in the coronary artery to clot. Combined, the plaque and blood clot (thrombus) can completely block the coronary artery altogether, causing a heart attack. Narrowing of coronary arteries without complete blockage may cause angina. There may be a description of the symptoms of angina. CAD may lead to a heart attack. See below for heart attack details		
	Symptoms can be interchangeable.		
	Heart Attack Most heart attacks cause severe pain in the centre of the chest. However, sometimes there are no symptoms at all (silent MI), especially in the elderly and people with diabetes.		
	The central chest pain is often described as heaviness, squeezing or crushing, and may come on suddenly causing the person to collapse. The pain may spread to the arms, neck, jaw, face, back or stomach. A person having a heart attack may be pale, sweaty and breathless. They might feel or be sick. The symptoms can come on suddenly, but sometimes the pain develops more slowly. The pain sometimes feels like severe indigestion.		
	Other effects or dysfunctions include     increased heart rate     raised blood pressure / hypertension     arteriosclerosis     increased risk of stroke		

Question	Expected Answer	Mark	Total
	Emotional effects These may well be linked to the above and include expansion on the following topics:  • stress • disempowerment • isolation • low self esteem • low self worth • low self concept • fear  Or any other appropriate emotional effect.		

Qu	estion	Expected Answer	Mark	Total
2	(a)	One mark for each structure identified, FIVE required	5 x 1	[5]
		<ul> <li>Oesophagus / gullet</li> <li>Stomach</li> <li>Small bowel / small intestine</li> <li>Large bowel / intestine / colon</li> <li>Liver</li> </ul>		

Question	Expected Answer	Mark	Total
Question 2 (b)	Level 3 [8-9] Candidates will describe at least two physiological effects and describe two ways how their daily routines or life style are affected. They will demonstrate the ability to present their answer in a planned and logical sequence using appropriate and accurate terminology. Sentences and paragraphs are for the most part relevant and material will be presented in a balanced, logical and coherent manner that addresses the question. There may be occasional errors in the use of grammar, punctuation and spelling.  Level 2 [5-7] Candidates will describe one physiological effect and describe one way that their daily routines or life style are affected. They will demonstrate limited ability to organise their answer, using some appropriate terminology. Sentences and paragraphs will not always be relevant and material will be presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.  Level 1[0-4] Candidates will identify and / or describe one physiological effect and describe one way that their daily routines or life style are affected. The description will be limited with little evidence of the use of appropriate terminology. Sentences and paragraphs have limited coherence and structure, with little relevance to the main focus of the question. Errors in the use of grammar, punctuation and spelling may be noticeable and obtrusive.	Mark	Total [9]
	<ul> <li>IBS</li> <li>gall stones</li> <li>ulcers</li> <li>coeliac disease</li> </ul> Physiological effects that may be linked to IBS, gall stones, ulcers or coeliac disease.		
	<ul> <li>reflux</li> <li>gastritis</li> <li>constipation</li> <li>diarrhoea</li> <li>haematemasis / vomiting blood</li> <li>pyloric stenosis</li> <li>vomiting</li> <li>pain</li> <li>flatulence</li> <li>malena</li> <li>steatorrhoea</li> <li>jaundice</li> <li>mal absorption</li> <li>weight loss</li> <li>deficiency diseases e.g. osteoporosis, anaemia, rickets,</li> </ul>		
	Emotional and Social effects Effects on mobility, daily living tasks, personal hygiene, access to		

Question	Expected Answer	Mark	Total
	toilet Socialising, personal relationships or other suitable response.  These may well be linked to the above and include expansion on the following topics:  • stress • disempowerment • isolation • low self esteem • low self worth		
	<ul> <li>low self concept</li> <li>fear</li> </ul> As the dysfunction is based around a single system, many symptoms and effects are common to the different dysfunctions.		
2(c)	Level 3 [5-6 marks] Candidates will provide a fully developed description that includes accurate terminology and follows a logical sequence. Answer is supported by use of accurate description of the treatment. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.  Level 2 [3-4 marks] Candidates will provide a description that includes limited terminology. The description of the treatment will be sound. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.  Level 1 [0-2 marks] Candidates' will describe the treatment in a limited manner. Their use of appropriate terminology will be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling and answers may be list like.		[6]
	<ul> <li>food intolerance is gaining ground as a possible cause for IBS symptoms in many people. Sufferers find that by cutting out particular types of food such as dairy or gluten they reduce their symptoms</li> <li>sufferers are often given anti-spasmodic drugs to try to calm the spasms in the gut</li> <li>imodium is a popular drug for diarrhoea and is effective, but more for occasional use than as a long-term solution</li> <li>laxatives you may be given for constipation include Lactulose and magnesium oxide solution (milk of magnesia)</li> <li>anti-depressants can actually be helpful to IBS sufferers as they have recognised gastrointestinal effects</li> <li>bulk laxatives (because they 'bulk' up the stool and make it easier</li> </ul>		

Question	Expected Answer	Mark	Total
	<ul> <li>to pass) but they can be useful to diarrhoea sufferers as well because the bulking effect can make more solid stools</li> <li>calcium supplements, specifically calcium carbonate, can be used by diarrhoea sufferers as they can have a constipating effect</li> <li>hypnotherapy is a fairly well-established treatment for IBS</li> <li>complementary medicine, of which there area a variety, including acupuncture and reflexology, accept any valid response</li> <li>surgery is rare unless the colon has become dysfunctionate or spastic</li> </ul>		
	Ulcers (Gastric & Duodenal)		
	<ul> <li>gastric ulcers can be treated by a partial gastrectomy, which is a removal of the area surrounding the ulcer. Duodenal ulcers can be treated by vagotomy, which involves cutting of the vagus nerve to reduce gastric output</li> <li>antacids to neutralise existing acid in the stomach</li> <li>acid suppressants like histamine2-receptor antagonists (blockers). Histamine is a chemical released in the body under many different conditions. In the stomach it can release more acid, so blocking its action reduces acid production</li> <li>medicines called proton pump inhibitors also work on the cells in the stomach to reduce the production of acid</li> <li>these treatments are used in combination with antibiotics if Helicobacter pylori infection is involved, which is in more than 90% of cases. It should be noted that some patients have Helicobacter pylori without peptic ulceration</li> <li>there is no conclusive evidence that dietary restriction and bland diets play a role in ulcer healing</li> <li>no proven relationship exists between ulcers and the intake of coffee and alcohol. However, as coffee stimulates acid secretion, and alcohol can cause inflammation of the stomach lining (gastritis), moderation in alcohol and coffee consumption is often recommended for patients with ulcers</li> </ul>		
	Gall Stones     if gallstones have been discovered incidentally and are not troublesome the doctor may want to adopt and watch and see policy		
	<ul> <li>some people may have no symptoms, or just one mild attack of pain and no further trouble, while others have continuing problems.</li> </ul>		
	Removal of the gallbladder: The gallbladder is usually removed by keyhole surgery and the operation is called a laparoscopic cholecystectomy. A general anaesthetic is given with very small incisions needed in the abdomen, which enable the surgeon to pass through fine instruments and a tube with a camera on the end. The instruments are controlled by the doctor watching a TV screen. The gallbladder is removed through a cut in your navel. Most people are allowed home the following day, though some are discharged later the same day. Generally people are back to normal activities within two weeks.		
	Other types of operations: sometimes it is not possible to remove the gallbladder by keyhole surgery and about 1 in 10 people need a more traditional operation, which requires a longer stay in hospital		

Question	Expected Answer	Mark	Total
	and approximately 6 weeks convalescence. A few surgeons perform an operation called a mini-laparotomy cholecystectomy, which uses special instruments and requires only a small cut.		
	Via ERCP examination: sometimes stones, which have passed into the bile duct and cause infection or jaundice, can be removed during an ERCP examination. This is done by widening the opening to the bile duct with an electrically heated wire (diathermy). The stones are removed or left to pass into your intestine. Sometimes a short plastic tube called a stent is left in the bile duct to help bile drain out. The stent may remain in place permanently or be removed at a later date. Other treatments: other methods to remove stones such as dissolving them with drugs or breaking them up with shock wave treatment (Lithotrypsy) are now only used occasionally.		
	Coeliac Disease Removal of gluten from the diet and the use of vitamin and mineral supplements. Candidate will describe the difficulties that suffers have in accessing appropriate food products that are gluten free. This can lead to excess stress and an increase in symptoms.		
	Complementary Therapy Award marks for the following and any other suitable complementary therapy.  • acupuncture • homeopathy • reflexology		

Qu	estion	Expected Answer	Mark	Total
3	(a)	One mark for ONE of	1x1	[1]
		arthritis / rheumatoid / osteoarthritis		
		osteoporosis		
		Parkinson's disease		
		multiple sclerosis		
		·		
	(b)	Level 3 [5 marks] Candidates will provide a fully developed description that includes accurate terminology and follows a logical sequence. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.		[5]
		Level 2 [3-4 marks] Candidates will provide a developed description that includes accurate terminology and follows a logical sequence. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.		
		Level 1 [0-2 marks] Candidates' will describe in a limited manner. Their use of appropriate terminology will be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling and answers may be list like.		
		<ul> <li>Causes for Arthritis may include</li> <li>immune system attacks the body / joints</li> <li>genetically predisposed to developing the disease</li> <li>obesity (puts added strain on joints)</li> <li>jobs that involve repetitive movements of a particular joint</li> <li>previous damage to joint, such as from a sports injury</li> </ul>		
		<ul> <li>Causes for Osteoporosis may include</li> <li>being 65 or older</li> <li>having a family history of osteoporotic fracture (especially if your</li> </ul>		
		<ul> <li>mother had a hip fracture)</li> <li>having a vertebral compression fracture, or a fracture with minimal trauma after age 40</li> </ul>		
		<ul> <li>long-term (more than 3 months) use of glucocorticoid therapy such as prednisone</li> <li>medical conditions (such as celiac or Crohn's disease) that inhibit</li> </ul>		
		absorption of nutrients  primary hyperparathyroidism		
		tendency to fall		
		osteopenia apparent on x-ray		
		hypogonadism     apply managers (hefere are 45)		
		early menopause (before age 45)		
		Causes for Parkinsons may include  • genetics		

Question	Expected Answer	Mark	Total
	environmental factors		
	• viruses		
	<ul> <li>Causes for MS may include</li> <li>it is thought to be an autoimmune disease: this is where your body's own immune system appears to attack itself</li> <li>as the damage to the protective coating around the nerves – called myelin – increases, it leads to a process known as demyelination where the coating is gradually destroyed</li> <li>Diagnosis will be descriptions based on the following</li> </ul>		
	Arthritis Plain x-rays, CAT / MRI scanning, blood tests, clinical observation		
	Osteoporosis Bone densitometry, x-ray, CAT scan, blood test Parkinson's mainly clinical observation		
	Multiple Sclerosis neurological tests, blood test, clinical observation		
	<ul> <li>Clinical observation</li> <li>Doctor will look for evidence relating to the symptoms previously outlined in 1c. Can be applied to all dysfunctions</li> </ul>		
	<ul> <li>Imaging techniques</li> <li>x-rays - these can reveal any damage to the joints caused by the condition and are most useful when confirming osteoarthritis / osteoporosis</li> <li>in the early stages of the disease, an x-ray might reveal no changes or damage</li> </ul>		
	<ul> <li>unlike other imaging methods, CT / MRI scanning offers detailed views of different tissue types including lungs, bones, soft tissues and blood vessels</li> <li>CT/MRI scans are commonly performed on the head and abdomen. Head scans are an effective method of checking the brain for suspected tumours, bleeding, or swelling of the arteries. They are also useful for investigating the brain following a stroke</li> <li>tears (lacerations) of the joint (that might happen as a result of trauma or wear and tear), can be revealed by CT / MRI scan</li> <li>CT / MRI scanning can identify normal and abnormal tissue, making it a useful tool to plan areas for surgery and as a guide for taking tissue samples and needle biopsies</li> <li>CT / MRI scans may also be used to assess vascular (blood flow) conditions to different parts of the body. Also to assess injury and disease to bones, particularly in the spine and to assess bone density when investigating osteoporosis</li> </ul>		
	<ul> <li>Blood tests</li> <li>there are many types, all measuring the levels of different blood cells and chemicals</li> </ul>		

Question	Expected Answer	Mark	Total
	<ul> <li>they can indicate abnormal cells, infection and how much inflammation there is in the body</li> <li>calcium is one of the most important minerals in the body. Abnormal calcium levels in the blood may be a sign of bone disease, osteoporosis or another disorder</li> <li>C Reactive – protein, Doctors use standard CRP tests to check for inflammation and autoimmune diseases</li> <li>bone-specific alkaline phosphatase (Bone ALP or BALP). This is an estimate of the rate of bone formation over your entire skeleton. People with osteoporosis generally have BALP levels that are up to three times normal</li> <li>osteocalcin. This is another marker of bone formation</li> <li>Urinary N-telopeptide of type I collagen, or uNTX. This is a marker of bone resorption, or loss of bone</li> <li>Vitamin D levels. This measure assesses whether you have a deficiency of vitamin D, which is essential for your body's shearntion of colorium</li> </ul>		
	<ul> <li>Spinal Fluid Analysis</li> <li>it contains a variety of substances, particularly glucose (sugar), protein, and white blood cells from the immune system</li> <li>the fluid is withdrawn through a needle in a procedure called a lumbar puncture</li> <li>it can also demonstrate abnormal cells and infection as well as:</li> <li>viral and bacterial infections, such as meningitis and encephalitis</li> <li>tumours or cancers of the nervous system</li> <li>syphilis, a sexually transmitted disease</li> <li>bleeding (haemorrhaging) around the brain and spinal cord</li> <li>multiple sclerosis, a disease that affects the myelin coating of the nerve fibres of the brain and spinal cord</li> <li>Guillain-Barré syndrome, an inflammation of the nerves</li> </ul>		
3 (c)	Level 3 [8-9 marks] Candidates will provide a fully developed description of two effects of how a named dysfunction could affect lifestyle. This will include accurate terminology and follows a logical sequence. Answer is supported by use of accurate description of lifestyle changes. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.  Level 2 [5-7 marks] Candidates will provide a description of two effects on the lifestyle changes of a named dysfunction. The description of the lifestyle changes will be accurate. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.		[9]
	Level 1 [0-4 marks] Candidates' will identify / describe the lifestyle changes of a named dysfunction in a limited manner. Their use of appropriate terminology will be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address		

Question	Expected Answer	Mark	Total
	the question. There may be noticeable errors of grammar,		
	punctuation and spelling and answers may be list like.		
	D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Daily Living routines - difficulty with		
	getting in and out of bed		
	• washing		
	preparing food		
	• eating		
	accessing buildings, stairs, general mobility		
	any aspect of interruption to family life, socialising		
	Work - difficulty with		
	finding suitable employment		
	maintaining that employment		
	mobility whilst at work		
	acceptance and support by employer		
	Social - difficulty with		
	accessing public facilities, shops, cinema, theatre, holidays		
	public transport		
	discrimination		
	Medical Appointments		
	increased frequency		
	painful treatments and surgical procedures		
	side effects from drug therapy		
	Accept any other valid lifestyle variation.		

Question	Expected Answer	Mark	Total
3 (d)	Level 3 [5 marks] Candidates will provide a fully developed description that includes accurate terminology and follows a logical sequence. Answer is supported by use of accurate description of the treatment. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.		5
	Level 2 [3-4 marks] Candidates will provide a description that includes accurate terminology. The description of the treatment will be accurate. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.		
	Level 1 [0-2 marks] Candidates' will describe the treatment in a limited manner. Their use of appropriate terminology will be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling and answers may be list like.		
	<ul> <li>Arthritis</li> <li>treated by NSAID's steroids</li> <li>surgical intervention e.g. joint replacement, arthrodesis,</li> <li>injections of gold salts,</li> <li>physiotherapy,</li> <li>acupuncture or any other appropriate treatment</li> <li>diet</li> <li>gentle exercise</li> <li>steroids</li> </ul>		
	Osteoporosis  HRT  vitamin D  calcium supplements  calcitonin injections may help  Preventative lifestyle changes prove most effective when started young. Gentle exercise		
	<ul> <li>Parkinson's</li> <li>levodopa and carbidopa to decrease tremors and rigidity</li> <li>surgical grafting of dopamine secreting neurones</li> <li>surgery to destroy certain nerve pathways (ablation)</li> <li>use of canaboids to reduce symptoms</li> <li>psychological support</li> <li>physiotherapy to promote and maintain mobility</li> </ul>		
	Multiple Sclerosis Various drug treatments are available to suppress symptoms and effects.  • interferon beta 1a		

Question	Expected Answer	Mark	Total
Question	<ul> <li>glatirameracetate</li> <li>mitoxantrone</li> <li>azathioprine</li> <li>methylprednisolone</li> <li>use of canaboids to reduce symptoms</li> <li>steroids</li> <li>physiotherapy</li> <li>complementary medicine</li> <li>Rest and support until periods of remission</li> </ul> Any other valid treatment	Walk	Total

	estion	Expected Answer	Mark	Total
4	(a)	One mark for each structure identified, Six required from	6 x 1	[6]
		4 following tube / out duct		
		1 fallopian tube / ovi duct 2 uterus / womb		
		3 ovary		
		4 cervix / neck of womb		
		5 fimbrilated end of fallopian tube		
		6 vagina		
	(b)	Level 3 [5-6 marks]	6	[6]
		Candidates will provide a fully developed description that includes		
		accurate terminology and follows a logical sequence. Sentences and paragraphs are relevant with accurate use of appropriate		
		terminology. There may be occasional errors of grammar,		
		punctuation and spelling.		
		Level 2 [3-4 marks]		
		Candidates will provide a description that includes some terminology.		
		The description of the dysfunction will be sound. Sentences and		
		paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable		
		errors of grammar, punctuation and spelling.		
		Level 1 [0-2 marks]		
		Candidates' will identify / describe the dysfunction in a limited		
		manner. Their use of appropriate terminology will be limited.		
		Sentences and paragraphs are not always relevant, with the material		
		presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling and		
		answers may be list like.		
		infertility		
		ectopic pregnancy		
		endometriosis		
		infection process		
		Infertility		
		Description will relate to the viability of the egg cell or the sperm. Two		
		cells may not meet at the right point, either could be faulty, uterine		
		chemistry could destroy the sperm. Sperm motility could be poor and		
		uterine secretions may reduce chances of fertility, fallopian tubes		
		could be blocked, egg could be released into the body cavity and not the fimbrilated end of the F tube.		
		Ectopic pregnancy		
		Egg cell is released and becomes fertilised in the fallopian tube		
		instead of implanting in the uterus it attempts to implant in the F tube.		
		Will not go to full term due to lack of blood supply and ruptures the		
		tube.		
İ		Endometriosis		
		Endometriosis is systemic; it affects every part of the body not just		
		the gynaecological organs. You feel ill, dreadful fatigue; digestive		
		system involvement can trigger bloating, boats of constipation or		

Question	Expected Answer	Mark	Total
	diarrhoea, abdominal pain and bladder problems. The main symptoms of endometriosis can be painful periods (dysmenorrhoea), painful intercourse (dyspareunia), painful ovulation, heavy periods often lasting for many days, there is an increased risk of infertility.		
	Infection process Various types of infection may be discussed and their effect on the function of the reproductive system. Tissue damage can occur including adhesions and tubal blockages an effect. Infections could include: venereal disease, bacterial and fungal infections.		
	Genetic disposition and inheritance may also be described.		
	Hostile mucus and antibodies to sperm may also be included in their descriptions.		

Question		Mark	Total
4 (c)	Level 3 [7-8 marks] Candidates will provide a fully developed description of one or more diagnostic techniques and one or more methods of treatment that includes accurate terminology and follows a logical sequence. Answer is supported by use of accurate description of the treatment. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.		8
	Level 2 [4-6 marks] Candidates will provide a description of one or more diagnostic techniques and one or more methods of treatment that includes accurate terminology. The description of the treatment will be accurate. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.		
	Level 1 [0-3 marks] Candidates' will identify / describe the diagnosis and / or treatment in a limited manner. Their use of appropriate terminology will be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling and answers may be list like.		
	<ul> <li>ultrasound</li> <li>blood / microscopic tests</li> <li>hysterosalpingogram (salp, HSG, salpingogram)</li> <li>D&amp;C</li> <li>endoscopy / laparoscopy</li> <li>ultrasound will be used to scan the patient to look for a viable pregnancy, monitor pregnancy or tube implantation. This will be either abdominal or trans-vaginal</li> <li>blood test would show any hormonal or chemical changes due to the pregnancy. Candidates may name specific blood tests e.g.</li> <li>HSG would be used to demonstrate the patency of the FT prior to attempted fertilisation</li> <li>microscopic analysis may be used to demonstrate the viability of sperm or sperm count</li> <li>endoscopy would be used for visual examination of the problem in the form of a Laparoscopy and could lead to surgical repair as a treatment</li> </ul>		
	<ul> <li>Treatment</li> <li>Infertility treatments could include hormone therapy / fertility drugs, GIFT, ZIFT, implantation of ova, external fertilisation prior to implant, egg or sperm donation.</li> <li>ectopic pregnancy would require surgical intervention to remove the pregnancy from the tube. This will damage the tube and may lead to infertility.</li> <li>D&amp;C for intervention and removal of tissue e.g. fibroid. In order to help facilitate a pregnancy</li> </ul>		

Question	Expected Answer	Mark	Total
5	Level 4 [16-20] Candidates will give detailed explanation of possible causes and describe in detail effects of the named dysfunction on the individual and their lifestyle. They will demonstrate the ability to present their		[20]
	answer in a well-planned and logical manner, with a clearly defined structure. They will use appropriate terminology confidently and accurately. Sentences and paragraphs will directly address the question in a consistent, relevant and well-structured way. There will be few, if any, errors in the use of grammar, punctuation and spelling.		
	Level 3 [11-15] Candidates will explain possible causes and describe the effects of the named dysfunction on the individual and their lifestyle. They will demonstrate the ability to present their answer in a planned and logical sequence using appropriate and accurate terminology. Sentences and paragraphs are for the most part relevant and material will be presented in a balanced, logical and coherent manner that addresses the question. There may be occasional errors in the use of grammar, punctuation and spelling.		
	Level 2 [6-10] Candidates will describe possible causes and describe the effects of the named dysfunction on the individual and their lifestyle. They will demonstrate limited ability to organise their answer, using some appropriate terminology. Sentences and paragraphs will not always be relevant and material will be presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.		
	Level 1 [0-5] Candidates will identify possible causes and / or identify the effects of the named dysfunction their answer will be limited and may contain little evidence of the use of appropriate terminology. Sentences and paragraphs have limited coherence and structure, with little relevance to the main focus of the question. Errors in the use of grammar, punctuation and spelling may be noticeable and obtrusive. Answers may be list like.		
	Dysfunctions  renal failure or impaired function due to external influences or neoplasm  renal infection / Urinary infection  renal calculi /stones  prostate dysfunction  nephrotic syndrome		
	Renal Failure      decrease or cessation of glomerular filtration     kidneys almost entirely or abruptly stop working     suppression of urine flow		
	<ul> <li>scanty urine production</li> <li>Daily urine output will be between 50 and 250 ml</li> <li>oedema due to salt and water retention</li> <li>acidosis due to the kidneys inability to excrete</li> </ul>		

Question	Expected Answer	Mark	Total
	acidic substances		
	<ul> <li>Increased levels of urea in the blood</li> </ul>		
	elevated potassium levels		
	cardiac arrest		
	anaemia		
	<ul> <li>poor absorption of calcium due to no vitamin D</li> </ul>		
	conversion in the kidney		
	Effects		
	fever / high temperature		
	high blood		
	uraemia		
	• nausea		
	• vomiting		
	• hiccups		
	loss of appetite		
	yellow –brown skin discolouration		
	Pericarditis		
	high blood pressure		
	neuropathy		
	• twitching		
	lack of concentration		
	Renal infection		
	<ul> <li>is where any part of the urinary system is attacked and affected</li> </ul>		
	by bacteria or viruses		
	<ul> <li>this can lead to impaired function, production of malodorous urine or infected discharges from the system</li> </ul>		
	The body may be affected by		
	• fever		
	• rigors		
	• rashes		
	joint pain		
	If candidates are explaining STI's then they may comment on		
	burning		
	sensation when passing urine and latent effects such as		
	• infertility		
	heart and brain problems in tertiary syphilis		
	Renal Calculi / Colic		
	This is the production of:		
	• stones		
	• gravel		
	small lakes of		
	calcium in crystalline form		
	can be present in any part of the urinary system and lead to:		
	<ul> <li>impeded flow of urine</li> </ul>		
	excruciating pain		
	in severe cases renal failure		

Question	Expected Answer	Mark	Total
	Cause is generally unknown and can be a family trait.		
	Effects can be		
	• fever		
	high temperature     high blood was a coefficient		
	high blood urea, creatinine		
	ammonia known as uraemia		
	This can give		
	• nausea		
	• vomiting		
	hiccups		
	loss of appetite		
	brown skin discolouration		
	Pericarditis		
	high blood pressure		
	neuropathy		
	• twitching		
	lack of concentration		
	<u>.</u> .		
	Nephrotic Syndrome		
	fluid retention / oedema / swelling		
	abnormalities in immune system		
	itching eye		
	reduced immunity		
	increased clotting times		
	abnormal blood and urine values		
	moon shaped face     shapes to repol function		
	change to renal function     leads to kids ou failure		
	leads to kidney failure		
	Causes		
	auto immune disease		
	thought to be triggered by a throat infection		
	immune system attacks glomerulus/Bowman's capsule –		
	damaging basement membrane, allowing leakage of blood		
	proteins		
	Prostate		
	can be enlarged     information.		
	• infected		
	calcified     due function at a		
	dysfunctionate     infiltrated with conserver.		
	infiltrated with cancer		
	This can cause:		
	urinary retention		
	pain		
	• frequency		
	hesitancy		
	retrograde ejaculation		
	burning sensations		
	24. mig ochoduono		

Question	Expected Answer	Mark	Total
	Inflammation and infections can set in		
	noctourea		
	dysurea		
	incomplete emptying		
	bleeding		
	<ul> <li>With acute urinary retention you often get many of the symptoms associated with uraemia</li> <li>Neoplasm's can be benign or malignant. Malignancies can spread to the liver lung, bone and brain</li> </ul>		
	Physical effect		
	effects on mobility		
	decreased immunity		
	Soo provings ontring for alternative physical affects		
	See previous entries for alternative physical effects		
	Intellectual effects		
	not understanding the overall causes		
	limited understanding of the disease process and its effects		
	associating and understanding the links between the causes and		
	effects on themselves		
	effects on work		
	effects on education		
	Emotional Effects		
	bullying		
	fear of condition / treatments		
	low self esteem / self worth / self concept		
	frustration due to constraints on lifestyle		
	appreciates the value of own life and those around them		
	reassesses own life and its effects on those close to them		
	lack of empowerment		
	Social Effects		
	social stigma		
	unable to have a normal social life style.		
	unable to attend education or working activities without feeling		
	inadequate		
	Any other appropriate PIES effect		
	As the dysfunction is based around a single system many symptoms and effects are common to the different dysfunctions.		

# **F924 Social trends**

Question	Expected Answer	Mark	Total
Question  1 (a)	<ul> <li>One mark for identification and one mark for explanation</li> <li>improvements in diet: more healthy diet available to wider range of people</li> <li>greater awareness of lifestyle factors eg smoking and drinking: more education regarding health risks and government campaigns / legislation / socialisation</li> <li>improvements in health technology: growth in life sustaining – possible examples provided eg immunisation, transplants</li> <li>environmental improvements: reductions in heavy pollutants from cars etc</li> <li>safer working conditions: health and safety legislation continues to be developed in the workplace / less manual work</li> <li>reduction in working hours: legislation from Europe</li> </ul>	3x1 3X1	Total
	work		

Question	Expected Answer	Mark	Total
1 (b)	Level 3 response: 8 - 9marks Candidates will outline in depth at least two ways the government could plan for an ageing population apart from the provision of housing. They will be able to present relevant material in a planned and logical sequence using appropriate health and social care accurately. Sentences and paragraphs are relevant with the material presented in a balanced, logical and coherent manner which addresses the question. There may be occasional errors of grammar, punctuation and spelling.		[9]
	Level 2 response: 4 - 7 marks Candidates will identify at least two ways but there will be little development. There will be limited ability to organise relevant material, using some appropriate health and social care terminology. Sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.  Sub-max of 4 for one way done well.		
	Level 1 response: 0 – 3 marks Candidates will outline only one way or two ways listed in a bullet point response. Sentences and paragraphs will have limited coherence and structure, often being of doubtful relevance to the main focus of the question. Errors of punctuation, grammar and spelling may be noticeable and intrusive.		
	<ul> <li>review social care provision – care in the home and residential care</li> <li>re-allocation of funding from one area to another</li> <li>plan financial provision and taxation issues / pensions</li> <li>review retirement ages and implications of early / later retirement</li> <li>possibly extend respite care arrangements to support informal carers</li> <li>train more practitioners specialising in older adult care</li> <li>raise the status of working in older adult care</li> <li>look at implications for the NHS and consider resource</li> </ul>		
	<ul> <li>allocation</li> <li>assisted living / retirement villages</li> <li>increased use of voluntary services to support government provision</li> <li>increasing resources to match growing (ageing) population</li> </ul>		

Question	Expected Answer	Mark	Total
2	Level 3 response 11 – 15 marks  Candidates will discuss in depth at least two ways the government could use the data. Candidates must provide practical examples and not just write a generic answer by merely repeating the data. They will focus upon the areas identified as in need of a lot or some improvement for 14/15 marks. The answer will read as an essay which will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar.		
	Level 2 response 6 – 10 marks  Candidates will describe at least two ways the government could use the data. They may not concentrate upon the areas identified as requiring a lot or some improvement. Practical examples are required. There may be noticeable errors of grammar, punctuation and spelling. At the lower end sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question. Sub-max of 7 for one done well.		
	Level 1 Response 0 – 5 marks. Candidates will identify at least one way the government could use the data and the answer may appear generic by just transposing the data. Answers will read like common sense statements. Errors of grammar, punctuation and spelling will be noticeable and intrusive. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question		
	<ul> <li>The priority areas the government should respond to are:</li> <li>waiting times for appointments with hospital consultants</li> <li>waiting times in A&amp;E</li> <li>hospital waiting times for non emergency operations</li> <li>general condition of hospital buildings</li> <li>GP appointment systems</li> <li>amount of GP time given to each patient</li> </ul>		
	Possible examples of the government response could be:  more flexible access to GP's – evening / weekend opening  improve hospital buildings through modernisation and cleanliness – consider the design of new hospitals to improve access and movement  use modern technology to develop greater access to health		
	<ul> <li>information, eg 'book and choose'</li> <li>provide more information to the public identifying minimum standards they should expect</li> <li>review the marketisation of hospital services and carry out</li> </ul>		
	<ul> <li>more regular quality controls</li> <li>consider using complementary services such as pharmacies to ease the pressure on GP's and the NHS</li> <li>review the balance in the NHS between administrators and medical professionals in order to reduce waiting times etc</li> </ul>		[15]

Question	Expected Answer	Mark	Total
	provide more information to the public in waiting areas		
	encourage more people into the profession		
	review (increase) consultation times		
	charging/penalties for missed appointments		

Qu	estion	Expected Answer	Mark	Total
3	(a)	One mark for each of the TWO types of conjugal role ignormality joint / shared / equal segregated / separate / traditional	2x1	[2]
	(b)	<ul> <li>One mark for each identification and one mark for each explanation, TWO required</li> <li>increase in materialism and the desire for higher standards of living: individualistic nature of society and demand for more consumer goods etc</li> <li>changes in women's priorities: women less likely to place such importance on children preferring lifestyle self advancement</li> <li>increased cost of living, mortgages etc: not possible to survive on one income and buy a property and not fall into permanent debt, recession/credit crunch</li> <li>loss of traditional male jobs requiring more women to work: more men working in low paid non permanent work requires a second income from partners</li> <li>more childless couples or less children per family allows women/men to work: fashion is for small families and therefore no stigma attached to childlessness or deferred childhood or same sex couples</li> <li>increased educational opportunities for women: breaking through the glass ceiling</li> <li>flexible working/working from home: allows greater flexibility</li> <li>increased childcare facilities – therefore, parent(s) can work</li> <li>Accept any response that links to both partners working and moving away from traditional segregated roles</li> </ul>	2x1 2x1	[4]

Question	Expected Answer	Mark	Total
3 (c)	Level 3 response: 8 – 9 marks: Candidates will outline at least three aspects of using structured interviews to research the topic, with a logical starting point leading through to the latter stages of the process. There will be explicit reference to dual worker families/family life for full marks. They will be able to present material in a planned and logical sequence using appropriate terminology accurately. Sentences and paragraphs are relevant with the material presented in a balanced, logical and coherent manner. There may be occasional errors of grammar, punctuation and spelling.		[9]
	<b>Level 2 response: 4 – 7 marks:</b> Candidates will outline at least two aspects of using structured interviews but there is likely to only implicit reference to families and dual worker families. There will be limited ability to organise relevant material, using some appropriate terminology. Sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.		
	Level 1 response: 0 – 3 marks: Candidates will identify at least one aspect of the research process. Sentences and paragraphs will have limited coherence and structure, often being of doubtful relevance to the main focus of the question. Errors of punctuation, grammar and spelling may be noticeable and intrusive.  • identify aims / hypotheses		
	<ul> <li>compose a list of relevant questions</li> <li>pilot the questions</li> <li>choose an appropriate sample/sampling method</li> <li>decide how to record the data</li> <li>consider ethical issues</li> <li>analyse the responses</li> <li>draw conclusions</li> <li>link back to aims / hypotheses</li> </ul>		
	(APSQ PERAC)		

3 (d)  Level 3 response: 11 – 15 marks: Candidates will analyse the method, breaking each point made down into parts. They will refer to at least two of the following: validity, reliability and representativeness (generalisability) – for 14/15 marks, all three. The answer will be developed logically and there will be evidence of synthesis with the work. There will be few errors of punctuation, grammar and spelling  Level 2 response: 6 – 10 marks: Candidates will describe the	Question	Expected Answer	Mark	Total
occasional errors of grammar, punctuation and spelling. At the lower end sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question.  Level 1 response: 0 – 5 marks: Candidates will make general comments on structured interviews. The answer is likely to be in a list form. Errors of punctuation, grammar and spelling will be noticeable and intrusive. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the question.  validity reliability representativeness (generalisability) size of sample practical issues – time etc non response bias interviewer effect recording the responses skills of the interviewer		Level 3 response: 11 – 15 marks: Candidates will analyse the method, breaking each point made down into parts. They will refer to at least two of the following: validity, reliability and representativeness (generalisability) – for 14/15 marks, all three. The answer will be developed logically and there will be evidence of synthesis with the work. There will be few errors of punctuation, grammar and spelling  Level 2 response: 6 – 10 marks: Candidates will describe the method. It will be developed coherently. There may be occasional errors of grammar, punctuation and spelling. At the lower end sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question.  Level 1 response: 0 – 5 marks: Candidates will make general comments on structured interviews. The answer is likely to be in a list form. Errors of punctuation, grammar and spelling will be noticeable and intrusive. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the question.  validity representativeness (generalisability) size of sample practical issues – time etc non response bias interviewer effect recording the responses	Mark	Total [15]

Question	Expected Answer	Mark	Total
4 (a)	<ul> <li>One mark for correct response from the following:</li> <li>births / birth rate</li> <li>deaths / death rate</li> <li>migration / immigration / emigration</li> </ul>	1x1	[1]
(b)	<ul> <li>One mark for identification and One mark for explanation, TWO required</li> <li>lifestyle patterns may change: possible increase / decreased in drinking, smoking, drugs, contraception etc will influence life expectation</li> <li>unexpected events: possible outbreak of pandemic or war etc</li> <li>original data may be inaccurate; possible flaws in data collection process</li> <li>patterns of migration may change: unexpected increase / decrease in immigration / emigration may change forecasts</li> <li>changes in government policies/benefits: eg maternity/paternity benefits</li> <li>Accept any relevant answer but not two examples from the same category.</li> </ul>	2x1 2x1	[4]

Question	Expected Answer	Mark	Total
4 (c)	Level 3 response: 11 – 15 marks: Candidates will examine in depth at least two positive and two negative effects of a population increase. The answer will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar  Level 2 response: 6 – 10 marks: Candidates will describe at least one positive and negative. Description will be developed coherently. There may be occasional errors of spelling, punctuation and grammar. At the lower end the sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question.  Sub-max of 7 for just positives or negatives done well.  Level 1 response: 0 – 5 marks: Candidates will identify one relevant point relating to population growth. Errors of grammar, punctuation and spelling may be noticeable and intrusive. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the question  Positive impact  increase in working population – reduces possibility of labour shortage, increases revenue (tax)  more cultural diversity / increases range of lifestyle experiences eg diet, religion culture etc  may lead to greater understanding of minority groups  reduces skills gap in the economy  boost for companies – increases demand for consumer goods  Negative impact  pressure on (resources)  NHS / third sector  education  jobs  housing  land, etc  may lead to greater intolerance  may pander to extremist politics	Mark	[15]
	<ul><li>may lead to political unrest</li><li>pressure on government spending</li></ul>		
	<ul> <li>psychological pressure – eg overcrowding</li> <li>demands on energy resources / green issues</li> </ul>		

Question	Expected Answer	Mark	Total
(5)	Level 4 response 16 – 20 marks Candidates will assess the impact of the changes in marriage, cohabitation and the increase in lone parents on the stability of the family by reference to at least two supporting arguments and two opposing arguments. The issue of extent will be explicitly addressed. Critical comments will be made. They will present relevant material in a planned and logical sequence with a clearly defined structure using appropriate terminology confidently and accurately. Sentences and paragraphs consistently relevant are well structured in a way that directly addresses the question. There will be few if any errors of grammar, punctuation and spelling.		[20]
	Level 3 response 11 – 15 marks Candidates will discuss both sides of the argument by reference to changes in marriage, cohabitation and lone parents with at least two relevant points for each position. The issue of extent will be implied rather than be explicit. Material will be presented in a planned and logical sequence using appropriate terminology. Sentences and paragraphs will be largely presented in a balanced and logical manner which addresses the question. There may be occasional errors of grammar, punctuation and grammar.		
	Level 2 response 6 – 10 marks Candidates will describe changes for example in marriage and cohabitation and / or lone parents but may not present both sides of the argument. No assessment will be evident and the answer will be descriptive and superficial. There will be limited ability to organise relevant material using some appropriate terminology. Sentences and paragraphs will be presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.		
	Level 1 response 0 – 5 marks Candidates are likely to make one or two relevant points but will not address the question. Common sense answers using bullet points would be at this level. Sentences and paragraphs will be of doubtful relevance and errors of punctuation, grammar and spelling will be noticeable and intrusive.		
	Issues for discussions – possible examples/arguments:		
l	<ul> <li>cohabitation – less/more stable than marriage for children / seen as trial marriage – go on to marry later</li> <li>children torn between/benefit from a growing number of</li> </ul>		
	adults  • civil ceremonies - may carry less/more commitment		
	financial issues - poverty and other social problems		
	<ul> <li>relationships change - grandparent / grandchild, stepfamilies, half-siblings</li> </ul>		
	<ul> <li>'growing underclass' – welfare dependence</li> <li>socialisation - children not socialised properly in unstable</li> </ul>		

Question	Expected Answer	Mark	Total
	families     crime and delinquency – linked to family diversity     educational achievement / behaviour at school     greater choice and acceptance of divorce/same sex couples – could lead children away from/into unhappy families / people had to live in empty shell marriages in the past which they can now get out of     women no longer have to tolerate unhappy relationships     later age of marriage may create greater stability through increase in maturity     many people remarry suggesting they feel marriage is still important     influence of media – role models, more panic/stereotyping     secularisation – decline of religion in society / more mixed marriages in society / arranged marriages     changing expectations of family/married life  Explanations/examples are interchangeable and may be changed from positive to negative within the same point.		- Ostar

# **Grade Thresholds**

Advanced GCE Health and Social Care (Double Award) (H703)
Advanced GCE Health and Social Care (H503)
Advanced Subsidiary GCE Health and Social Care (Double Award) (H303)
Advanced Subsidiary GCE Health and Social Care (H103)
January 2010 Examination Series

#### **Unit Threshold Marks**

U	nit	Maximum Mark	Α	В	С	D	E	U
F910	Raw	100	82	72	63	54	45	0
	UMS	100	80	70	60	50	40	0
F911	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	83	73	63	53	43	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F915	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F916	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	78	67	56	45	35	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	85	75	65	55	45	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	83	74	65	56	47	0
	UMS	100	80	70	60	50	40	0
F922	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F923	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	87	78	69	60	51	0
	UMS	100	80	70	60	50	40	0
F925	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0

## **Specification Aggregation Results**

Overall threshold marks in UMS (ie after conversion of raw marks to uniform marks)

# AS Single Award (H103)

	Maximum Mark	Α	В	С	D	E	U
H103	300	240	210	180	150	120	0
% in grade		3.9	16.3	47.8	77.5	93.8	100

<sup>198</sup> candidates aggregated this series

#### AS Double Award (H303)

H303	AA	AB	BB	ВС	CC	CD	DD	DE	EE
UMS (max 600)	480	450	420	390	360	330	300	270	240
% in grade	2.8	6.5	17.6	28.7	38.0	52.8	68.5	85.2	96.3

<sup>110</sup> candidates aggregated this series

## GCE Single Award (H503)

	Maximum Mark	Α	В	С	D	E	U
H503	300	240	210	180	150	120	0
% in grade		3.8	23.1	65.4	100.0	100.0	100.0

<sup>31</sup> candidates aggregated this series

## GCE Double Award (H703)

H703	AA	AB	BB	ВС	CC	CD	DD	DE	EE	U
Max	960	900	840	780	720	660	600	540	480	
1200										
% in	0.0	10.0	20.0	40.0	50.0	50.0	70.0	100.0	100.0	100.0
grade										

<sup>10</sup> candidates aggregated this series

For a description of how UMS marks are calculated see: <a href="http://www.ocr.org.uk/learners/ums/index.html">http://www.ocr.org.uk/learners/ums/index.html</a>

Statistics are correct at the time of publication.

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